Agency Strategic Plan

For the Fiscal Years 2001–2005 Period

By

Texas Department of Human Services

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June 1, 2000

Signed: _____

Eric M. Bost
Commissioner

Approved: _____

David Herndon
Chair, Board of Human Services

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Statewide Elements

Vision and Mission of Texas Government

Vision for Texas

Together, we can make Texas a beacon state: a state where our children receive an excellent education so they have the knowledge and skills for the 21st century; a state where people feel safe in their communities, have access to equal justice, and all people know the consequences of committing a crime are swift and sure; a state where our institutions encourage jobs and economic opportunity; a state where each resident accepts responsibility for his or her behavior; and a state where our people—our greatest resource—are free to achieve their highest potential.

The Mission of Texas State Government

The mission of Texas state government is to support and promote individual and community efforts to achieve and sustain social and economic prosperity for its citizens.

Philosophy of Texas Government

Principles of Texas State Government

State Government will be ethical, accountable, and dedicated to serving the citizens of Texas well. State government will operate efficiently and spend the public's money wisely.

State government will be based on four core principles that will guide decision-making processes. These principles are:

- **Limited and Efficient Government**

  Government cannot solve every problem or meet every need. State government should do a few things and do them well.

- **Local Control**

  The best form of government is one that is closest to the people. State government should respect the right and ability of local communities to resolve issues that affect them. The state must avoid imposing unfunded mandates.

- **Personal Responsibility**

  It is up to each individual, not government, to make responsible decisions about his or her life. Personal responsibility is the key to a more decent and just society. State employees, too, must be accountable for their actions.

- **Support for Strong Families**

  The family is the backbone of society and, accordingly, state government must pursue policies that nurture and strengthen Texas families.

Statewide Goal: Health & Human Services

Priority Goal for Health and Human Services

To reduce dependence on public assistance through an efficient and effective system that promotes the health, responsibility, and self-sufficiency of individuals and families.

The goals of the Texas Department of Human Services relate to this Priority Goal for Health and Human Services as set forth by the Governor in *Vision Texas.*

Statewide Benchmarks

Benchmarks and Strategies

Five of the benchmarks established in Vision Texas are influenced by strategies of the Texas Department of Human Services.

Statewide Benchmark	Related DHS Strategy
Percent of Texans receiving TANF cash assistance	• TANF Grants • CSS Eligibility
Number of persons enrolled in Medicaid	• Community Care Services • In Home/Family Support • Long Term Care Eligibility • Nursing Facility/Hospice Payments • Integrated Services Delivery • Client Self Support (CSS) Eligibility
Number of persons receiving food stamps	• CSS Eligibility
Percent of people with disabilities living independently	• Community Care Services
Incidence of confirmed cases of abuse, neglect, or death of children, the elderly, persons with disabilities, or spouses	• Licensing/Certification/Enrollment • Credentialing • Family Violence Services

In addition, statistics gathered in relation to the DHS "TANF Grants" strategy will be reported in cooperation with the Texas Workforce Commission. Statistics will be linked to the employment-related benchmark: "Percent of adult welfare CHOICES participants who enter employment."

Agency Overview

Introduction to DHS

The Texas Department of Human Services (DHS) administers multiple state and federal human services programs that serve five major client populations: elderly persons and persons with disabilities, low-income parents and children, refugees, and victims of family violence. Typically, DHS provides more than $3 billion in benefits and services to 2 million persons each year—or one in ten Texans. In addition, during FY 1999, over 137,000 community volunteers assisted DHS staff and clients throughout the state, and contributed almost 1 million hours of services at an estimated value of more than $1.9 million.

Most of the people served by DHS have incomes lower than the federal poverty guidelines ($14,150 per year for a family of three)[1]. However, not all programs administered by the department are based on income level. Regulation of Long Term Care facilities and services, disaster assistance, and refugee and family violence services are some of the programs that address quality of life without regard to the individual income level of our clients. Yet whether financial need is an issue, all individuals and families served by DHS come to the Department for assistance during times of need.

Throughout its sixty-year history, DHS has proven itself to be an organization that is dedicated to meeting the needs of its clients with flexibility and responsibility. Under the FY 01–05 Agency Strategic Plan, this effort continues. Whether by assisting in the transition from welfare to work, facilitating access to community-based care, or enhancing family violence prevention efforts, DHS continues to maintain its focus on services that promote self-sufficiency and assist individuals and families on the path to independence.

[1] As of 02/01/2000.

Agency Mission

Mission Statement

The mission of the Texas Department of Human Services is to provide financial, health, and human services that promote the greatest possible independence and personal responsibility for all clients.

Our key responsibilities to the citizens of Texas include:

- Fostering of individual choices, dignity, safety and independence for the elderly, persons with disabilities, and families;
- Encouraging self-sufficiency while sustaining families and individuals in times of need; and
- Using public funds in a cost effective and efficient manner.

Agency Philosophy

We are committed to:

Respect for clients

We will respect each person as an inherently valuable member of society. We will deliver services fairly, ethically, and with awareness of clients' strengths, abilities, needs and wants.

Excellence in staff

We will foster personal and professional development, innovation, teamwork, accountability and a commitment to quality.

Quality

We will design and evaluate programs, systems and structures to assure that we are responsive to the needs of those we serve.

Wise use of public funds

We will make the best use of limited resources by striving to improve efficiency and productivity, and by maximizing other funding sources.

Accountability

We will operate programs with integrity, and be open and accountable in the administration of public funds.

Partnership

We will initiate partnerships with other public and private organizations, local communities and volunteers to help us achieve shared policy, funding and service goals.

Equitable access

We will ensure that all persons, regardless of race, color, religion, sex, national origin, age, political belief, or disability, have access to program participation and employment.

Agency Representation Across Texas

Geographic Distribution of Agency Services

DHS services are available through more than 400 local offices serving all 254 Texas counties. DHS staff members in these offices are directly responsible for determining client eligibility for programs and services such as Temporary Assistance for Needy Families (TANF), Food Stamps and Medicaid. Medicaid eligibility determination includes programs serving families and children, individuals entering nursing facilities, and individuals seeking community care services. Staff follow-up with clients to document changes in client status and to re-certify benefits for those who remain eligible. Staff also educate clients regarding their rights and obligations, provide clients access to job listings and resources, provide case management services in Long Term Care programs, survey Long Term Care facilities for safety and quality, investigate complaints regarding Long Term Care facilities and personnel, certify and license Long Term Care providers and personnel, and partner with faith-based and community-based organizations to help clients and former clients maximize family and personal independence. Other activities include conducting quality control reviews to ensure payment accuracy and detect fraud; conducting fair hearings for clients and providers; providing staff with training, business, and automation services; and conducting much of the legal and personnel services for the agency.

For administrative purposes, local DHS offices have been organized into 10 regions in the state, each of which is managed by a Regional Administrator. Regional offices are located in Lubbock, Abilene, Arlington, Tyler, Beaumont, Houston, Austin, San Antonio, El Paso, and Edinburg. The state headquarters of DHS are located in Austin, where staff members provide management and operational support to field staff, as well as administer DHS programs for refugees, family violence, disaster assistance, and volunteer services.

The largely decentralized administration of the agency is beneficial to local communities across the state because it enhances the accountability and accessibility of DHS leadership to local communities. Additionally decentralization enables DHS to adapt statewide programs and systems to meet the local needs of each community.

Local Needs in Texas

Through cooperative efforts among Health and Human Service agencies during the last fiscal year, residents of communities across the state identified their local needs, and communicated them to state and regional agency staff. Through this cooperative effort, staff members have examined the needs of counties along the Texas-Louisiana border region and the Texas-Mexico border region (per SB 501, 76th Legislative Session[2]). According to a recent Texas Comptroller

[2] According to SB 501 the "Texas-Louisiana border region" means the area consisting of the counties of Bowie, Camp, Cass, Delta, Franklin, Gregg, Harrison, Hopkins, Lamar, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, and Wood. The "Texas-Mexico border region" means the area consisting of the counties of Atascosa, Bandera, Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Jim Wells, Kenedy, Kerr, Kimble, Kinney, Kleberg, La Salle, Live Oak, Maverick,

of Public Accounts report, if the Texas-Mexico border region were a state, it would rank last in the U.S. for per-capita personal income compared with the non-border Texas counties which would rank 21st[3]. Due primarily to the economic and cultural differences between these areas and other parts of the state, the needs expressed by residents of border areas differ somewhat from the needs expressed by residents in other regions of the state. For example, although issues relating to eligibility and accessibility of services were mentioned by residents statewide, the primary issues identified in these border regions related to unmet basic needs and a shortage of available health and human services providers.

Issues commonly identified by residents of the Texas-Mexico border counties included:

- Shortage of health care, dental care, and mental health care providers, facilities, and services (all but two counties are federally designated "medically under-served areas"[4]);
- Shortage of preventative services and health care education (i.e., family violence, prenatal care and education, sexually transmitted diseases, diabetes, hepatitis, and tuberculosis);
- Shortage of decent and affordable housing, clean water, proper sewage removal, adequate sanitation, safe and affordable child care services, health insurance, and accessible utilities; and
- Limited availability of education and services in Spanish and for non-citizens.

Residents along the **Texas-Louisiana** border raised similar concerns about basic needs. These concerns included:

- Shortage of health care, dental care, and mental health care providers, facilities, and services in many rural areas;
- Shortage of preventative services and health education (i.e., teen pregnancy prevention and prenatal care, diabetes, nutrition, cardiovascular health, and smoking);
- Shortage of safe and affordable child care, and lack of affordable health insurance; and
- Shortage of bilingual services for the growing Spanish-speaking population in that region.

McMullen, Medina, Nueces, Pecos, Presidio, Real, Reeves, San Patricio, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

[3] Texas Comptroller of Public Accounts, Bordering the Future, *Where We Stand*, November 1999, p 6.

[4] Texas Department of Health, Bureau of State Health Data and Policy Analysis, Health Professions Resource Center, MUA-Medically Underserved Areas, *MUA-Medically Underserved Populations in Texas*, March 13, 1998, p ii.

Additional Agency Service Strategies

In addition to the standard services provided in every county of the state noted above, DHS has developed and implemented a number of additional strategies designed to accommodate and address the needs of local communities as we foster independence and encourage self-sufficiency for all families and individuals in Texas. Highlighted below are strategies that enhance services along the **Texas-Mexico** and/or the **Texas-Louisiana** border, among other areas of the state.

- The Employment Retention and Advancement Project (ERA)

  In cooperation with the Texas Workforce Commission, and under a grant from the federal Administration for Children and Families, DHS is piloting new strategies for employment retention and advancement in four Texas cities. The project will offer services consisting of team-based case management and post-employment expense payments to between 3,000 and 4,000 TANF recipients over an 18-month period. Project goals include increasing job stability and wages among former welfare recipients, reducing reliance on cash assistance in Texas, and lowering the TANF recidivism rate in Texas. In the spring of 2000, this project will begin enrolling participants along the Texas-Mexico border in Corpus Christi (Nueces County).

- The Extended Office Hours Pilot

  Beginning in January 2000 DHS extended operating hours in almost 50 local offices beyond traditional work hours in order to make it easier for individuals and families to access food stamps, TANF, and Medicaid benefits. This new flexibility is especially important given the number of DHS clients who work regularly and the difficulty many of them have in accessing reliable transportation to and from our offices. DHS implemented monitoring and evaluation activities and will assess the effectiveness of this pilot when sufficient data becomes available.

  Counties along the Texas-Mexico and Texas-Louisiana border benefiting from this increased access to services in FY2000 include: El Paso County, Val Verde County, Uvalde County, Kerr County, Bexar County, San Patricio County, Nueces County, Hidalgo County, Cameron County, Lamar County, and Harrison County.

- Food Stamp Access

  Beginning in January 2000, DHS staff across the state initiated multiple efforts to increase public education about the federal food stamp program and enhance client access to this service. DHS food stamp access efforts include:

  - Developing and distributing information flyers and public service announcements;

- Establishing and publishing a toll-free food stamp information line;
- Conducting client and advocate forums; and
- Improving the DHS web page with additional information about food stamps.

Additionally, regional staff members conduct outreach initiatives to local organizations and individuals with information on the food stamp program including program eligibility and application procedures.

♦ DHS Local Innovation Projects:

Through federal TANF funds appropriated by the Texas Legislature during the 76th Legislative Session, DHS was able to fund a number of local collaboration projects across the state that would each receive up to $250,000 annually. All projects were developed locally, involve collaboration with community and faith-based organizations in their efforts to help low-income families attain self-sufficiency, and will be implemented in FY 2000 or 2001.

Specific projects already funded along the Texas-Mexico and Texas-Louisiana border counties include:

- Transportation, child care services, and parenting skills classes for 90 families (Smith County);
- Support for 40 low-income individuals pursuing professional careers in health related fields—textbooks, supplies, child care, gasoline vouchers, and clothing allowance (Smith County);
- Mentoring for 400 mothers and teens in TANF households (Bexar County);
- Supplemental assistance for welfare prevention—tutoring, computer skills, support groups, parenting and life skills classes—for 1100 women and children who have fled from abusive homes (El Paso County); and
- Assistance with clothing and accessories for employment interviews, new employment, and retained employment for 2,612 TANF clients and/or potential TANF clients with barriers to employment (multiple counties in South Texas including Aransas County, San Patricio County, Live Oak County, Refugio County, Jim Wells County, Kleberg County, Kennedy County, Brooks County, Hidalgo County, Nueces County, Bee County, Willacy County, and Cameron County).

♦ Charitable Choice:

DHS continues to partner with local faith-based and community-based organizations to help individuals and families achieve long-term self-

sufficiency. Charitable Choice programs have been implemented in a number of communities across the state.

As of Spring 2000, Charitable Choice projects being implemented in Texas-Mexico and Texas-Louisiana border counties include:

- Mentorships, self-esteem and employment workshops, seminars on organizing and managing finances, and job fairs for TANF clients are provided through Grace Community Church in Del Rio (Val Verde County);
- Mentorships to assist TANF clients with the transition from welfare to work and monthly educational opportunities on topics such as financial management, parenting skills, child development, and problem-solving are provided through Lutheran Social Services of the South in San Antonio (Bexar County);
- Emergency assistance with food, prescriptions, shelter, clothing, transportation resources, utilities, and school supplies, as well as access to DHS services such as food stamps, TANF, and Medicaid are available to low-income families through PATH (People Attempting to Help) in Tyler (Smith County);
- To help families overcome barriers to independence, PATH and DHS created a Client Assistance Relief for Employment (CARE) fund to receive charitable contributions to use as an emergency resource on behalf of needy families seeking self-sufficiency. Funds may be used for services such as transportation, safety glasses, uniforms, GED testing fees, medical screenings, license renewals, and day care registration. The program is administered in Tyler (Smith County).

♦ The *Colonias* Program:

DHS has formed partnerships with HHSC and the Texas A&M *Colonias* Program to address the needs of *colonias* residents along the Texas-Mexico border.[5] Activities currently involving DHS staff include:

- Presentations about DHS services to *colonias* residents;
- Efforts to identify needs in the colonias;
- Efforts to enhance access to DHS services; and
- Provision of itinerant services to the colonias by housing Texas Works Advisors in a community center. Services provided in the community center include information and

[5] For additional information regarding DHS efforts to address this HHSC priority, please see Appendix H: "*Linkage to HHSC Strategic Priorities*".

referral, assistance completing applications, and reporting of changes. Eligibility determination services are not yet provided in the centers.

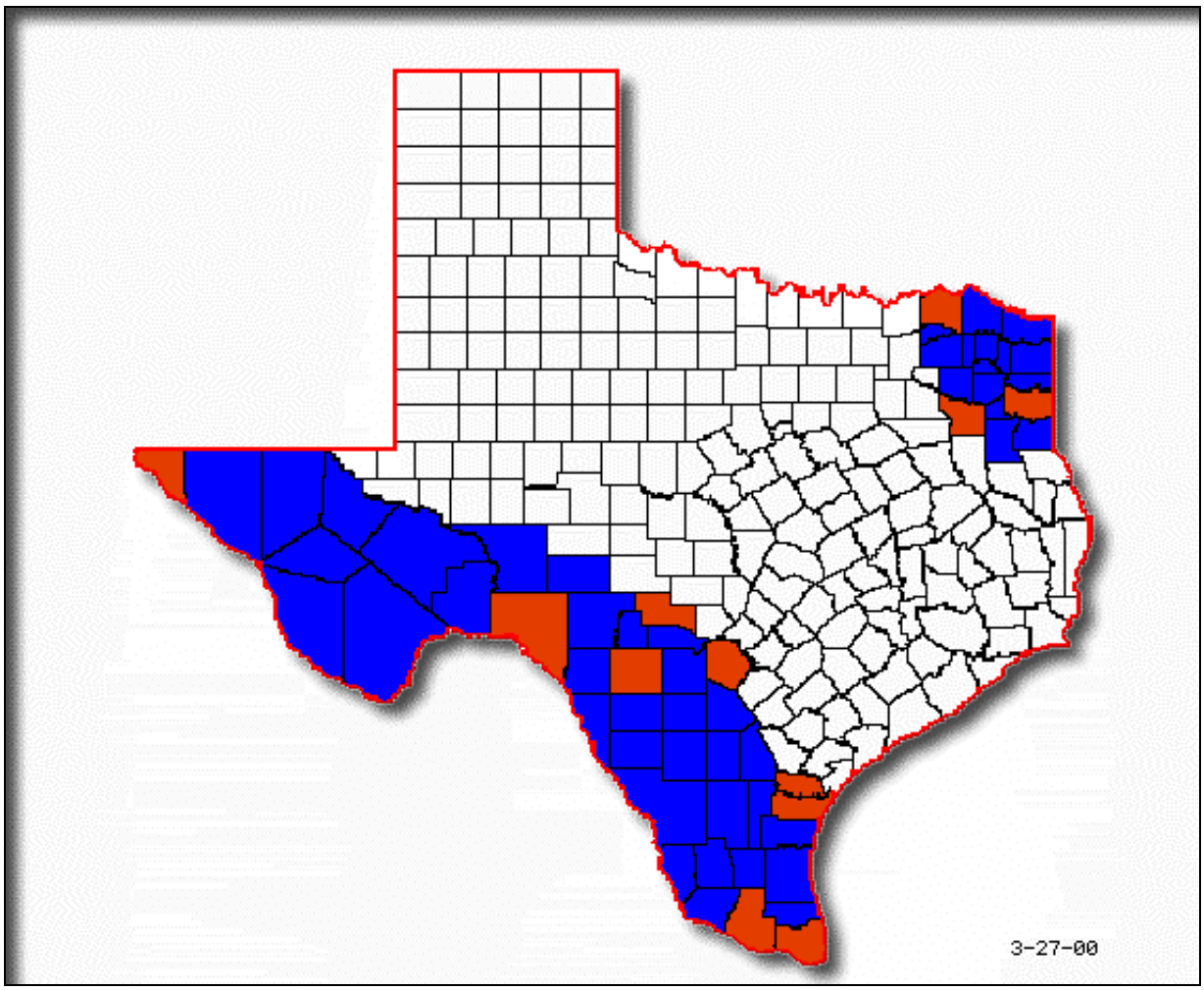
- Multilingual Interpretation and Translation Efforts:

  It is often difficult for individuals with limited English proficiency (LEP) to obtain services from DHS. Two primary factors contribute to this difficulty. In some areas of the state, the agency does not have sufficient numbers of multi-lingual direct delivery staff and adequate interpretation and/or translation services may not be available. To address these service delivery barriers, DHS has implemented the following activities:

  - Initiating a state office bilingual work group to direct the agency's efforts to meet the demands of serving a multi-lingual client population; and
  - Ensuring staff compliance with policies and procedures related to bilingual staffing requirements.

  In addition, DHS is presently developing proposals to implement the following initiatives:

  - Offering a pay differential to multi-lingual direct delivery staff;
  - Contracting for interpretation and/or translation services; and
  - Utilizing new technology and inter-governmental collaboration to provide interpretation and translation services.



Border Regions as defined in SB501

Border Regions as defined in SB501 with extended hours available and/or Innovative Community Programs Implemented

External / Internal Assessment

Assessment of Past Performance

Agency Performance on FY99–03 Strategic Plan

Below is a summary of progress made during FY99 toward achievement of objectives and desired outcomes from the previous Strategic Plan:

- During fiscal year 1999, the agency attained (within 5 percent) or exceeded 59 percent of its 65 established key performance targets;
- The agency attained or exceeded five of its 12 outcome targets and 33 of its 53 output / efficiency targets;
- The Percent of Long Term Care Clients Served in the Community increased because of the agency's implementation of the Community Based Alternatives waiver program, which grew from approximately 600 clients in fiscal year 1995 to nearly 24,000 clients in fiscal year 1999;
- The Average Monthly Cost Per Client Served: Medicaid Nursing Facility Waivers decreased by 26 percent from fiscal years 1995 to 1999 because of the transfer of the higher-cost Medically Dependent Children's waiver to the Texas Department of Health and growth of the lower cost Community Based Alternatives waiver;
- The Number of TANF-Basic Recipients per Month decreased by 53 percent from fiscal years 1995 to 1999 because of the combined impact of an improved economy and welfare reform legislation enacted by the state and federal governments.

Accomplishments Related to Recent Stakeholder Input

In 1998 and 1999, the Texas Department of Human Services asked stakeholders (clients, advocates, providers and other public citizens) what they thought the agency was doing well, what we needed to improve upon, and what types of things we could do better in collaboration. These questions were asked through surveys and public meetings both in Austin and throughout regions across the state.

The following information indicates how DHS responded to this input by highlighting those FY 1999 agency accomplishments that demonstrate significant improvement in the eight areas identified by our clients.

1) Improve client and public education

- Educated more than 2,450 nursing home volunteers, staff, and resident family members through 111 workshops on topics such as Alzheimer's Disease, Myths of Aging, Psycho-Social Aspects of Aging, Professional Ethics, Team-Building, and Volunteer Recruitment;
- Produced and distributed educational pamphlets, posters, and client notices regarding self-sufficiency and continued Medicaid and food stamp benefits;
- Regularly participated in meetings and other community outreach activities with local community groups and providers of services across the state to provide information about DHS programs and services;
- Held fairs in several regions that brought community organizations, agencies, and employers together to provide a variety of educational resources and services to clients;
- Redesigned the DHS website to improve consistency, accuracy, and accessibility of information about DHS programs and services;
- Began working with the Texas Commission on Alcohol and Drug Abuse (TCADA) to develop initiatives to increase awareness of substance abuse problems of elderly individuals;
- Implemented an outreach program in Region 11 to provide information regarding Medicare cost sharing assistance for low-income Medicare beneficiaries;
- Established a speaker's bureau in Region 5 to spread the message of welfare reform and the need to remove barriers to work;
- Implemented a Client Assistance line in Region 6 to answer general Medicaid eligibility questions from community organizations and the general public, as well as staff.

2) Improve customer service

- Conducted client satisfaction surveys in almost every region of the state. Supervisors and managers consistently used survey results to address client concerns and identify changes that should be made;
- Implemented compliment phone lines in several regions in order to encourage staff to provide excellent customer service and to reward those who do so;
- Began conducting a nursing home consumer satisfaction survey to obtain information about client satisfaction with their facilities;

- Began conducting a provider satisfaction survey to obtain information about the satisfaction of Long Term Care providers with compliance reviews and the professionalism of DHS staff;

- Developed provider report cards based on client satisfaction survey results;

- Implemented quality circles in the Community Living Assistance and Support Services (CLASS) program in which groups of consumers in each service area identify quality improvement initiatives and developed a consumer satisfaction survey;

- Conducted a five-month client satisfaction survey for the STAR+PLUS managed care program. Results indicated clients were pleased with the quality and quantity of services they received from their HMO, yet staff will use results to make changes in the program to better meet member needs;

- Designated an agency Customer Service Representative responsible for implementing customer service legislation and developing plans to increase performance based upon client satisfaction feedback;

- Conducted management reviews in offices throughout the state. In the five offices where deficiencies in management practices were identified, solutions were developed and implemented;

- Conducted incognito office visits in 20 offices throughout the state to identify areas for improvement, as well as to identify excellent customer service;

- Established the Outstanding Office Teamwork Award in Region 11 for offices that best exemplify premier Customer Service strategies and practices.

3) Improve access to services

- Increased the number of Community Based Alternatives clients served in their communities by 61% (from 14,269 in FY 1998 to 22,921 in FY 1999);

- Expanded application assistance for SSI (disability) by providing additional referral methods;

- The number of sites outside a DHS office where clients may apply for services increased from 158 to 199 sites across the state;

- Began collaborations in several regions with local housing authorities, child care providers, local workforce boards and contractors, and community organizations to provide integrated services that will assist families in accessing needed resources directly through neighborhood centers that are conveniently located for clients;

- Implemented change centers in Beaumont, Fort Worth, San Antonio, and Houston, making it easier for clients to report information over the telephone that could effect their benefits;

- Developed and implemented a plan to purchase and install telecommunication devices for the deaf in all DHS offices to improve access for persons with disabilities;

- Worked with the Texas Department of Mental Health and Mental Retardation (MHMR) to develop a resource guide of mental health services for refugees to assist service providers in connecting clients to needed services;

- Began development of an automated community resource directory for region 2/9 to be available through the intranet. The resource directory will better enable staff to refer clients to needed services in the community.

4) Increase public input in decision-making and planning

- Held public forums, stakeholder meetings, or town meetings in every region of the state to gather client and public input on the quality of services, program performance and client satisfaction. Used strengths and opportunities for improvement that were identified through these meetings as the basis for strategies in Agency and Regional Business Plans;

- Regularly participated in local community meetings, and coordinated with local advisory and volunteer boards, to gather feedback from communities regarding services and local needs;

- Participated in local planning forums led by HHSC to obtain public input on unmet needs and suggestions for improving service delivery across state health and human service agencies.

5) Improve the quality of services

- Began implementation of the Children's Health Insurance Program (CHIP)—a program to provide health insurance for children in low-income families;

- Began designing an alternative contracting system for community care services that will encourage improved quality in the home and community support services that are contracted by DHS. In the future, alternative contracting will also encompass primary home care and community based alternatives;

- Installed a new automated voice response system to improve service and availability of information over the phone for TANF and food stamp clients;

- Implemented a one-time $1000 grant option for grandparents who serve as caretakers of TANF eligible children;

- Increased food stamp benefits to most households through implementation of an increase in the standard utility deduction;

- Improved coordination with the Attorney General's Office to assist in efforts to collect child support;
- Routinely participated in local collaborative efforts to develop individual service plans for children, adolescents, and adults who have complex needs;
- Began an initiative in Region 7 to research current procedures and recommend changes that would improve the quality of client notices and staff training.

6) Simplify processes and procedures

- Developed and implemented an automated comprehensive intake and interest list registration system for all Community Care programs;
- Through the TIERS project, began integrating and simplifying rules and replacing the generic worksheet, in order to streamline eligibility determination, intake, referral, and quality assurance;
- Under Project Alberto, tested simplified enrollment in Medicaid by eliminating face-to-face interviews with clients in three counties;
- Standardized curricula for the Long Term Care Regulatory program;
- Centralized the regulation of Long Term Care services in the state of Texas for better access, more consistent procedures, and more streamlined processes for the people served;
- Instituted a new triennial contract period for Child and Adult Care Food Program contractors in order to streamline the application and renewal process.

7) Be more 'proactive' and innovative

- Conducted 68 job fairs across Texas to provide information on employment opportunities and supportive services to clients;
- Researched and developed new policy models for employment retention and advancement strategies, reinvestment strategies, and policy responses to recent legislation. As a result, new strategies are being field tested and evaluated by the agency;
- Expanded grant-writing capacity of agency staff. Applied for and received multiple grants totaling over $1 million for research, evaluation, and customer services;
- Regularly contacted local employers and DHS providers in several regions about listing them as potential employers for Texas Works clients;
- Through Family Pathfinders, matched over 600 low-income families with volunteer teams that help with mentoring and basic needs. There are over 400 organizations with more than 2,700 trained volunteers in 10 Texas counties. This program was

recognized as one of 100 semi-finalists in the national Innovations in American Government competition;

- Expanded collaborations with community programs to involve more than 160 local organizations across the state;
- Implemented pilot programs in 4 sites to provide and evaluate specialized services to persons with Alzheimer's disease;
- Collaborated with Communities in Schools to implement Teen SMART—an initiative aimed at encouraging teens to complete high school and delay pregnancy;
- Worked with the Texas Department of Protective and Regulatory Services (DPRS) and the Texas Workforce Commission (TWC) to establish the Second Chance program to provide support services to TANF teen parents;
- Implemented Charitable Choice (collaborations with faith-based organizations) statewide, and named regional faith-based liaisons to work with local organizations to establish services in communities;
- Facilitated participation by 2,701 adopter groups in the Adopt-A-Nursing Home program in 495 facilities across the state;
- Worked with the Texas Department of Criminal Justice (TDCJ) to provide more cost-effective nursing home care to inmates;
- Funded a study by the University of Texas on the benefits associated with early childhood intervention programs;
- Partnered with the Food Bank of Abilene to supplement food needs and improve the diet of certain aged and disabled clients in that area. Plans for this initiative include expansion to additional counties and client populations;
- Implemented a work subsidy pilot in Houston with TWC.

8) Advocate for those served by DHS

- Requested and received $7.8 million in federal TANF funds to support Local Innovation Projects that help clients and potential clients become self-sufficient in communities across the state;
- Requested and received $4.2 million in funding to initiate a multi-site case management pilot for TANF recipients to assist with employment retention and advancement;
- Established a state food program for elderly and disabled immigrants who lost food stamp benefits under 1996 federal welfare reform;

- Implemented "aging-in-place" and disclosure statement rules for assisted living facilities. The aging-in-place rules allow people to enter a facility at a relatively healthy point in their lives and remain there as their needs increase. The disclosure statement rules provide consumers with more information about a facility's policies and services;

- Responded to victims of the DeKalb tornado; Hurricane Brett; and the Del Rio, Houston, and Central Texas floods with staff work and distribution of more than $50 million in financial support for rebuilding communities;

- Obtained donations from Texas businesses of supplies and funds for victims of natural disasters in Texas;

- Raised more than $245,000 in staff contributions for non-profit agencies in Texas through the State Employee Charitable Campaign.

Customer Satisfaction

DHS maintains an organizational commitment to provide excellent customer service for all of its client groups. However, measuring the successes of the Department's customer service initiatives is a challenge that results from the diverse client groups served by DHS and the diverse programmatic goals met by DHS.

To meet this challenge the Department will continue to work towards its goal of demonstrable customer service results. DHS has many customer service initiatives in place across the agency, some of which are ongoing, operational functions of the agency's business strategy. Of twenty-four survey instruments implemented in recent years, eighteen were administered region-wide and six were administered by local offices. Most of the survey instruments related to either the Texas Works program or Long Term Care. Additionally, there are several new customer service initiatives that are in planning or early implementation phases.

DHS will continue to support innovation in the development of client satisfaction measures and tools at the regional level, while coordinating additional efforts on a statewide basis. Appendix E contains a report on the agency's customer service efforts.

Performance Benchmarking

Agency "benchmarks" contribute to the strategic assessment of internal and external factors by providing insight into how Texas compares with other states on indicators of performance relevant to the mission of the Texas Department of Human Services.

The process for DHS benchmarking involves a review of key measures, as well as a determination of what information is available from federal sources and databases that reflects information from other states. Several key indicators have been selected for each programmatic goal, and data has been compared with other states' performance for the same indicator. Related statewide benchmarks are also noted.

Long Term Care Services

Related Statewide Benchmarks:

- Percent of people with disabilities living independently;
- Number of persons enrolled in Medicaid;
- Incidence of confirmed cases of unsafe facilities, or abuse, neglect, or death of children, the elderly, persons with disabilities, or spouses.

- Per Capita (age 65 and over) Medicaid Home Care Expenditures

  In Federal Fiscal Year (FFY) 1997, Texas ranked 27th in the nation in expenditures at per person age 65 and over $368.14, compared to the median of $376.27.[6] However, Texas ranked 3rd in the nation with the percent (10.1%) of the population that is elderly. Nationally, 12.7% of the population is elderly.[7]

- Per Capita (age 65 and over) Medicaid Nursing Home Expenditures

  In FFY 1997, Texas ranked 38th in Medicaid nursing home expenditures per person age 65 and older at $690.00, compared to the median of $875.01.[8]

- Average Response Time from Receipt of A Complaint to the Completion of On-site Investigation

  In FY99 a comparison of five states showed that Texas ranked fourth in the average response time from receipt of a complaint to the completion of the investigation for allegations of abuse, neglect, resident rights, environment and care or services. Comparison is based on four states with comparable workload and/or facility counts. The average response time for Texas was 26.61 days. Pennsylvania, Illinois and California, averaged shorter response times of 9.07, 18.99, and 22.06 days

[6] Financial Report for FY 1997, HCFA 64 Quarterly Expenditure Report, http://www.hcfa.gov/medicaid/ofs-64.htm.
[7] U.S. Census Bureau Population Estimates, 1999.
[8] Financial Report for FY 1997, HCFA 64 Quarterly Expenditure Report, http://www.hcfa.gov/medicaid/ofs-64.htm.

respectively. Ohio averaged 38.5 days, a longer response time than Texas.[9]

Family Support Services

Related statewide benchmarks:

- Percent of Texans receiving TANF cash assistance;
- Number of persons enrolled in Medicaid;
- Number of persons receiving food stamps.

♦ Percent of Children in Poverty

In 1996, Texas ranked 6th in the nation with the percent of children in poverty at 26.2%. Washington, D.C. had the highest percent at 35.6%, and New Hampshire had the lowest at 7.5%.[10]

♦ Total Value of Food Stamps Issued

In FFY 1998, Texas ranked 3rd in the nation in total value of food stamps issued with $1.4 billion. California had the highest issuance with $2.0 billion. New York was ranked second with $1.5 billion. Nationally, the total value of food stamps issued was $16.9 billion. [11]

♦ Maximum TANF Benefit Level, Family of 3 (2 children)

In FFY 1998, Texas ranked 48th in the nation with a maximum TANF benefit level of $188.00. Only Tennessee, Alabama and Mississippi were ranked lower, with a maximum payment of $185.00, $164.00 and $120.00 respectively. The U.S. average maximum payment was $398.64. [12]

♦ Poverty Rate

In 1998, Texas ranked 11th in the nation with a poverty rate of 15.1%. Washington, D.C. had the highest poverty rate at 22.3%, and Maryland had the lowest at 7.2%. The U.S. Poverty Rate was 12.7%. [13]

♦ Food Stamp Payment Error Rate

In 1999, Texas achieved the lowest food stamp payment error rate among the nation's six largest issuance states at 4.5%. [14] Illinois, Ohio, California, Florida, and New York all averaged higher payment error rates of 14.79%, 8.44%, 11.34%, 9.43% and 10.47% respectively. In FFY98 the national average was 10.69%.

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[9] Data source: Health Care Financing Administration OSCAR/ODIE system.

[10] U.S. Census Bureau, "Small Area Income and Poverty Estimates Program," *Current Population Survey (*CPS), March 1997, http://www.census.gov/hhes/www/saipe/stcty/estimate.html.

[11] U.S. Department of Agriculture, Food and Nutrition Service.

[12] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, Temporary Assistance for Needy Families (TANF) Program, *First Annual Report to Congress*, August 1998, Table 9.1a, June 25, 1998, http://www.acf.dhhs.gov/news/welfare/congress/tanft91a.htm.

[13] U.S. Census Bureau, "March Current Population Survey," Poverty and Health Statistics Branch, HHES Division, 1999, http://www.census.gov/hhes/poverty/histpov/hstpov21.html.

[14] Final un-regressed state findings.

- Refugee Job Retention

  In FY 1999, Texas tied with Oregon for refugee job retention. The two states found 88% of refugee clients placed in jobs still working on the 90th day after placement. Delaware had the best retention rate at 100%. The lowest was Washington with 24%.[15]

Family Violence Services

Related Statewide Benchmarks:

- Incidence of confirmed cases of abuse, neglect, or death of children, the elderly, persons with disabilities, or spouses.

- State and Federal Funding for Domestic Violence Programs

  In FY 94–95, Texas ranked 30th in the nation in State and Federal funding for domestic violence programs at $2.03 per woman. Alaska had the highest funding per woman at $35.18. (However, the Alaskan figure includes a combination of domestic violence and sexual assault funding.) The state with the second highest ranking of State/Federal domestic violence funding per woman is Hawaii with $15.55 per woman. The state with the lowest funding is California with $0.59 per woman.[16]

Historically Underutilized Business

- Historically Underutilized Business (HUB) Utilization[17]

  - In fiscal years 1996, 1997, 1998, and 1999, the total DHS expenditures with HUBs was at a higher rate than the statewide average of all state agencies;
  - During fiscal years 1996, 1998, and 1999, of the 217 reporting Texas State Agencies and Institutions of Higher Learning, DHS ranked among the top ten in rate of HUB expenditures of those agencies spending more than five million dollars in GSC mandated expenditure categories;
  - In fiscal years 1998 and 1999, DHS surpassed the statewide average of all state agencies in the rate of HUB expenditures with businesses owned by Asians and Other Minorities, African Americans, and Women.

[15] FY 1996 State Outcome Goal Plan, Federal Office of Refugee Resettlement.

[16] Inventory of Domestic Violence and Sexual Assault Services, National Center on Injury Prevention and Control/Centers for Disease Control (1997 forthcoming)

[17] HUB Statistics from GSC Official HUB Reports, Fiscal Years 1996–1999.

Statewide Economic and Demographic Trends

Economic Trends

- The Texas gross state product is projected to increase approximately 3.8% a year from 2001 through 2007.[18]
- Aggregate personal income in Texas is projected to increase approximately 5.9% a year from 2001 through 2007.[19]
- The Texas unemployment rate is projected to be approximately 5.2% a year from 2001 through 2007.[20]
- The inflation rate, as measured by the Consumer Price Index, is projected to increase at least 2.5% each year from 2001 through 2007.[21]
- The inflation rate for medical care is projected to increase at least 3.95% each year from 2001 through 2007.[22]

Unless otherwise noted, the following statistics are based on population projections from the Population Estimates and Projections Program, Texas State Data Center, Department of Rural Sociology, Texas Agricultural Experiment Station, Texas A&M University System, 1997, 1998, 1999.

Total Population

- Total population will grow from 19,995,428 in 1999 to 22,163,392 in 2005, a 10.8% increase, or approximately 1.8% per year.
- Minimal population growth is anticipated in regions 1 (Lubbock), 2 (Abilene), and 5 (Beaumont).
- Most significant population growth is expected in regions 10 (El Paso), 3 (Arlington) and 11 (Edinburg).
- In 1999, 16.5% of the total population lived below the poverty level. In 2005, 15.9% of the population is expected to fall below the poverty level.
- The 6.6% growth in the poverty population from 1999–2005 will be lower than the 10.8% growth of the general population.

[18] Texas Comptroller of Public Accounts and the Wharton Econometric Forecasting Association (WEFA) Group, "The Texas Economy Calendar Years 2001–2010," Fall 1999.
[19] Texas Comptroller of Public Accounts and the Wharton Econometric Forecasting Association (WEFA) Group, "The Texas Economy Calendar Years 2001–2010," Fall 1999.
[20] Texas Comptroller of Public Accounts and the Wharton Econometric Forecasting Association (WEFA) Group, "The Texas Economy Calendar Years 2001–2010," Fall 1999.
[21] Texas Comptroller of Public Accounts and the Wharton Econometric Forecasting Association (WEFA) Group, "The Texas Economy Calendar Years 2001–2010," Fall 1999.
[22] Texas Comptroller of Public Accounts and the Wharton Econometric Forecasting Association (WEFA) Group, "The Texas Economy Calendar Years 2001–2010," Fall 1999.

- Significant population growth between 1999 and 2005 will occur in regions where the poverty rate is the highest: 10 (El Paso) and 11 (Edinburg).

Children

- The number of children in Texas will grow 6.3% between 1999 and 2005, a slower rate than the 10.8% projected for the population as a whole.

- The number of Texas children in poverty will increase from 1,430,696 (25.6%) in 1999 to 1,588,643 (26.8%) in 2005.

Population Over Age 65

- The number of elderly in Texas will grow 10.1% from 1999 to 2005.

- Elderly people living below the poverty level will increase 12.3% between 1999 and 2005. In 1999, 14.4% of all persons aged 65 and older lived below poverty. In 2005, that percentage is projected to be 14.7%.

Persons with Disabilities (without regard to age)[23]

- The number of persons with disabilities will grow from 3,983,618 in 1999 to 4,542,983 in 2005, a 14% increase. In 1999, persons with disabilities comprised 20% of the Texas population. That rate is expected to remain steady through the year 2005.

Changes Among Ethnic Groups

- Currently the Texas population is 55.2% White, 30.4% Hispanic, 11.4% African American, and 3% Other. The anticipated growth rate among these groups is: [24]
    - 3.31% for Whites
    - 22.77% for Hispanics
    - 8.48% for African Americans
    - 37.6% Other

- By 2005, 33.7% of the Texas population will be Hispanic—an increase of 3.3%, with a 3.8% decrease in Whites / Others.

- Poverty rates among the different ethnic groups are expected to remain relatively stable between 1999 and 2005. In 1999, the poverty rate among different ethnic groups was as follows:
    - 27.5% among Hispanics
    - 23.6% among African Americans
    - 7.5% among White / Others (combined).

[23] Texas Health and Human Services Commission: Forecasting and Demographics.
[24] Some figures may not add up to 100% due to rounding.

Service Descriptions, Trends and Target Populations

Goal I: Long Term Care Services

To provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.

In Long Term Care Services, DHS provides both institutional care and community-based care for elderly people and those with disabilities. The agency also determines financial eligibility for Medicaid services for this population, and regulates nursing homes and other Long Term Care providers throughout the state.

In general, significant issues to be strategically addressed by DHS in the area of Long Term Care include:

- An increasing emphasis on community and home-based services:

  Public policy is shifting emphasis from large institutional settings toward increased community and home-based support services for individuals desiring less restrictive care. With a growing elderly population in Texas, the demands for these services will continue to grow. The demand for Long Term Care services, especially community care, already exceeds the funding available to provide the services. Increased demand requires state policy makers and human service administrators to ascertain how to reduce the rate of growth in the cost of Long Term Care while ensuring access to a continuum of quality Long Term Care services by all those in need.

  As the base of service provision shifts increasingly to community and home-based providers, we face some new challenges in effective and efficient service delivery. These include the increased expectation for enhanced transition and support services to assist individuals moving from a facility setting to a community or home-based setting, and an increased need for case management to ensure a quality continuum of care for clients across a broad spectrum of changing services. Additionally, the community and home-based providers have faced operational challenges resulting from changes in Medicare regulations on reimbursement, processes that were originally established for larger, institutional business operations, and a strong economy that increases competition for lower-wage employees.

- Financial instability of nursing facilities:
  In 1999, several hundred nursing facilities in Texas filed for bankruptcy or experienced significant financial instability. Not only does financial instability of nursing homes jeopardize the health and safety of thousands of occupants across the state, but it necessitates thousands of additional staff hours be spent monitoring these facilities to ensure that financial difficulties do not adversely impact resident care. Unless addressed effectively, this situation could significantly affect the ability of DHS to fulfill other Long Term Care regulatory responsibilities such as identifying unlicensed providers and working with licensed providers to improve their compliance with state and federal regulations.

- Managing the impacts of litigation effectively:
  As a result of agency efforts to enforce quality standards in Long Term Care facilities, DHS increasingly faces litigation that challenges sanctions imposed by the agency on care providers. These challenges, as well as the lengthy due process requirements that delay actions against non-compliant service providers, currently occupy significant staff time and ultimately affect the quality of client care.

Descriptions of each Long Term Care service area, as well as analysis of target populations, are provided below.

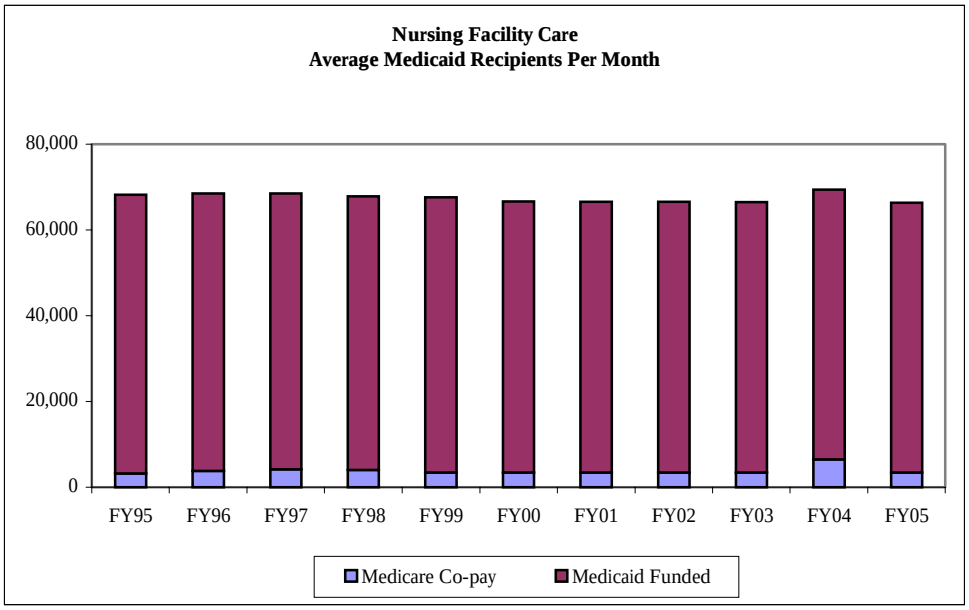
Institutional Long Term Care

The Institutional Long Term Care Program serves Medicaid-eligible elderly individuals and persons with disabilities who have medical problems that prevent them from living independently. In many cases, the needs of these persons are best met in skilled nursing facilities. Additional services provided for nursing facility residents include: rehabilitative services, services within rural hospitals, hospice care, emergency dental care reimbursements, and specialized services such as physical and speech therapy.

The U.S. Department of Health and Human Services estimates that 43% of people over age 65 will become nursing home residents at some time in their lives. During fiscal year 1999, an average of 67,589 people per day received care in nursing facilities at an annual cost of more than $1.49 billion. As of January 2000, 2,048 Texans received hospice care—approximately half of who were nursing home residents.

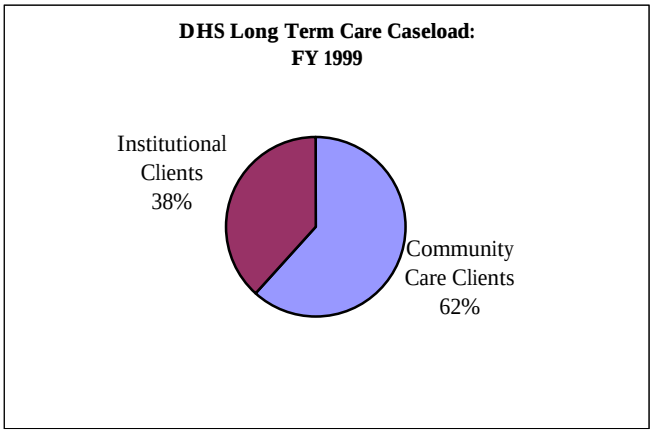
- The number of Medicaid nursing facility recipients continued to increase between 1989 and 1999. This number is projected decrease from 67,589 recipients in 1999 to 66,308 recipients in 2005—a decrease of 1,281 recipients or 1.9 percent, due to increased participation in community care services.

- The potential eligible population is expected to increase from 562,768 in 1999 to 635,997 in 2005—a 13% increase, or approximately 2.1% per year.



Community Care Services

The Community Care Program provides a variety of services designed to prevent or delay the long-term institutionalization of elderly individuals and persons with disabilities through home and community-based services. Some in-home services provided through Community Care include assistance with personal care activities, home-delivered meals, non-technical medical services, nursing services, adaptive aids, prescriptions, minor home medical supplies, an emergency response system, and care by an attendant who is trained and managed by the client. Services taking place out of the home include adult foster care, respite care, and residential care for those who require access to care on a twenty-four hour basis, but who do not need daily nursing intervention. In some community care programs, case management services are also provided to assist the clients in planning and managing services that prevent or reduce unnecessary institutional care and provide meaningful opportunities for individuals to remain in the community.



On September 1, 2001 the Medically Dependent Children's program will

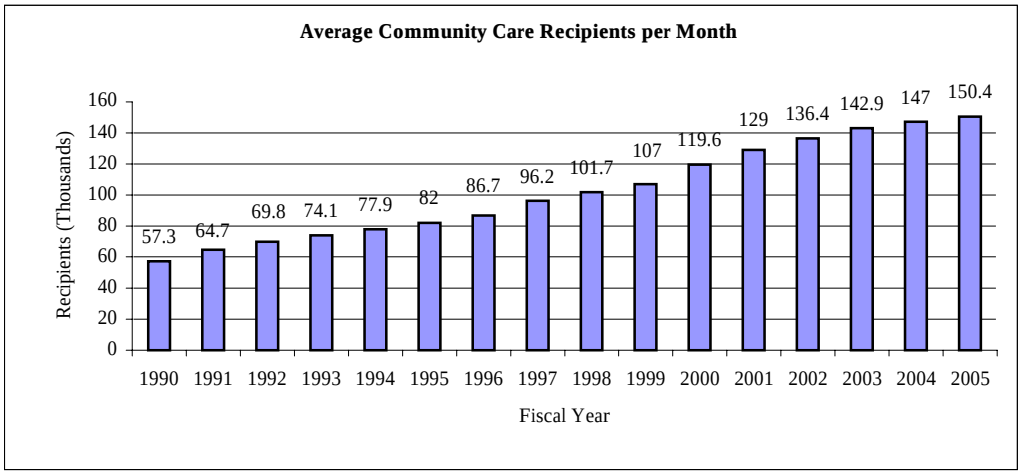
transfer from the Health Department back to DHS.

Given the shift in public policy from an emphasis on institutionalization to one of services provided in home and community settings, the Community Care caseload is large, and makes up the majority of the Long Term Care population served by DHS, approximately 62%. However, expenditures for Community Care total approximately 34% of the Long Term Care funding.

Community Care services are funded in three ways: through Medicaid, through Medicaid waivers (which allow DHS to provide services not normally available under Medicaid), and through Title XX state funds. Most areas of community care have experienced dramatic growth in recent years, and growth in all areas is expected to continue.

- The Medicaid (Non-Waiver) Community Care program experienced a 109.5% increase in recipients from 1989 to 1999. Growth is projected to continue from 69,728 recipients in 1999 to 94,164 recipients in 2005—an increase of 35.0% or 24,436 recipients.
- The Medicaid Waiver programs (CBA, CLASS and DBM/B) experienced an increase from zero clients in 1989 to 24,005 in 1999. This number is projected to grow from 24,005 in 1999 to 39,394 in 2005—a 64.1% increase.
- The Non-Medicaid Community Care programs experienced a 31.9% decrease from 1989 to 1999, but slight growth is projected to expand the recipient population from 15,318 in 1999 to 16,979 in 2005.
- By FY 2005, DHS will require 416 additional staff above FY 2000 level—a 28.8% increase—in order to keep pace with the expected increase in workload.

Despite the large and increasing number of community care recipients, many Texans are still unable to access community-based services and many Texans at-risk of institutionalization are not currently being served.



- Number of Texans on Interest Lists for Community Care services:
    - Number waiting for Community Based Alternatives (CBA) as of 2/1/00 is 16,357;
    - Number waiting for Community Living Assistance and Support Services (CLASS) as of 2/9/00 is 4,941;
    - Number on the interest list for the In Home Family Support Program (IHFS) as of 11/99 is 4,598. (While the availability of other programs, such as CBA and managed care, is thought to have contributed to some reduction in the IHFS waiting list in 1999, it is anticipated that changes in eligibility guidelines may lead to a future increase in the number of people on this interest list.)

Long Term Care Medicaid Eligibility

Long Term Care Medicaid eligibility (ME) staff determine financial eligibility for all Medicaid benefits provided to elderly persons and persons with disabilities, including financial eligibility for all Long Term Care Medicaid programs—both institutional and community-based. This includes financial eligibility for Medicaid programs currently administered by other agencies, such as the Medically Dependent Children Program (Texas Department of Health) and the Home- and Community-Based Services Waiver program (Texas Department of Mental Health and Mental Retardation).

The aging population in Texas means an increasing caseload for Long Term Care ME staff. This is especially true for community-based programs where the eligibility caseload exemplifies the shift away from nursing facilities and state schools. Institutional cases now represent only one-third of the ME caseload.

Federal outreach efforts to increase enrollment in various Medicare cost-sharing programs (such as Qualified Medicare Beneficiary, Specified Low-income Medicare Beneficiary, and Qualifying Individuals Programs) are also expected to contribute to this trend of increasing ME caseloads in the coming years. Beginning in late 1999 and continuing into 2000, federal agencies began conducting direct outreach as well as providing grants for outreach to local entities such as advocacy groups and state departments on aging.

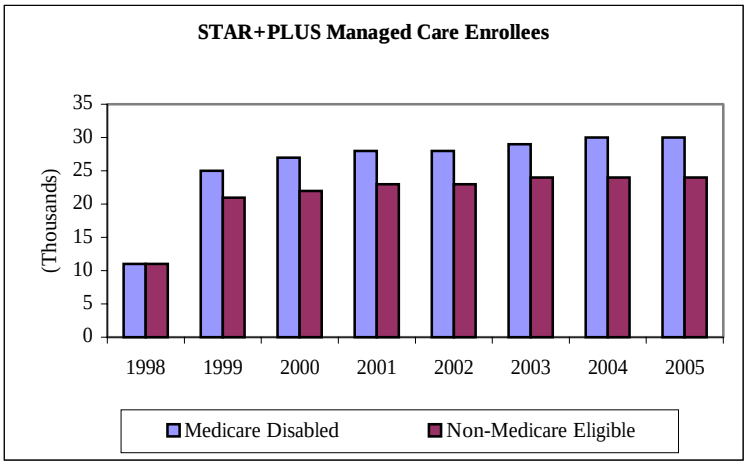
By FY 2005, DHS staff will require 106 additional staff above FY 2000 levels—an 11.0% increase—in order to keep pace with the expected increase in workload.

Alternative Delivery Systems (Integrated Service Delivery)

The STAR+PLUS is a Medicaid pilot project in Harris County that integrates acute and long-term care service delivery through a managed

care system. By coordinating hospital, physician and long-term care services in this way, the program provides incentives for HMOs to provide preventative services and community-based care rather than institutionalize patients. STAR+PLUS serves Medicaid clients who are elderly and who have a physical or mental disability. Some clients currently receive Long Term Care services, but the majority of clients do not. For those who neither need nor receive Long Term Care, this program acts as Long Term Care insurance.

In March 2000, the project served approximately 49,000 clients. The number of clients served has been relatively stable since 1999, and is expected to remain stable through 2005. Currently all Medicaid Managed Care, including the STAR+PLUS project, is under a legislatively mandated moratorium on expansion. An evaluation of the Medicaid Managed Care programs is currently underway and will be presented to the Legislature upon completion. Depending on the outcome of the study, future plans to expand STAR+PLUS would include the counties that are contiguous to Harris County.



Long Term Care–Regulatory

The Long Term Care–Regulatory Program performs licensing, survey, and Medicaid/Medicare certification functions in Long Term Care facilities and home and community support services agencies (HCSSA) to ensure compliance with state and federal law and regulations. This includes nursing facilities, intermediate care facilities for the mentally retarded and persons with related conditions, assisted living facilities, adult day/health care, home health agencies, hospice agencies, and personal assistance services. Program staff members investigate allegations of abuse, neglect, misappropriation and non-compliance with state and federal regulations in these facilities and agencies, as well as investigate allegations against unlicensed Long Term Care providers.

In response to the concerns of citizens and advocate groups about the care of residents in Long Term Care facilities, as well as legislation passed in the 75th Texas Legislature (SB 190), the emphasis placed by DHS on the regulation of Long Term Care providers to ensure quality resident care has increased in recent years. This effort has been complicated by the substantial financial difficulties experienced by a considerable number of nursing homes in Texas. While the financial difficulties vary, DHS has been actively monitoring these facilities to ensure that resident health and safety is not adversely impacted by financial problems. This represents a significant unanticipated workload issue for survey staff that has affected the ability of staff to spend time investigating unlicensed facilities, and that must be completed despite the lack of additional federal funds to carry out this responsibility. Figures highlighting this issue include:

- Between January 1999 and March 2000, ten nursing home chains operating in Texas filed for bankruptcy protection. These chains represented 299 facilities, 28,077 licensed nursing facility beds, and over 20,000 residents.
- During 1999, 28,449 elderly persons and/or persons with disabilities were living in a facility in Texas that experienced bankruptcy or substantial financial instability.
- Due to nursing facility bankruptcies in FY 1999, an extra 696 on-site monitoring visits were completed by DHS staff—14.5% of the total 4,800 surveys completed.
- Fifty additional nursing facilities were monitored by DHS because of reported financial problems.

More historical measures of workload in this area are grouped by facility and home health action.

♦ Facility Related Measures:

- Number of annual facility complaints/incidents received has increased by 41.2% from 12,407 in FY 1997 to 17,519 in FY 1999.
- Number of initial and annual licensing and certification surveys (facilities) decreased slightly from a total of 4,516 in FY 1997 to 4,104 in FY 1999. This decrease resulted from hospital–based skilled nursing facilities (Medicare certified) dropping their certifications due to low census as well as some nursing facility (Medicare and/or Medicaid certified) closures due to financial constraints.
- Number of nursing facility certifications issued has increased from 2,365 in FY 1997 to 2,626 in FY 1999.
- Number of facility licenses has increased from 2,208 in FY 1997 to 3,005 in FY 1999.

- Home and Community Support Services Agency Measures:
    - Number of annual HCSSA complaints/incidents received remained virtually unchanged from 1,645 in FY 1998 to 1,627 in FY 1999. Revision to federal reimbursement rates for Medicare services resulted in a decrease in the number of licensed/certified HCSSAs.
    - Due to changes in the federal Medicare reimbursement system, the number of HCSSA licenses issued has decreased from 3,467 in FY 1998 to 3,037 in FY 1999. [25]

Credentialing Services

The Credentialing Department of the DHS Office of Program Integrity licenses Nursing Facility Administrators, permits Medication Aides, certifies Nurse Aides and approves related training and continuing education as appropriate to each program. The department also facilitates the processing of criminal conviction checks on employees of home health agencies and Long Term Care facilities, investigates complaints against Nursing Facility Administrators, and administers disciplinary actions for licenses, certificates and permits, as appropriate. Finally, the Credentialing department is responsible for the federally mandated Nurse Aide Registry and the state's new Employee Misconduct Registry—both of which are accessible to employees and to the public via a single automated toll-free phone number.

- The number of Nursing Facility Administrators has remained relatively stable, varying between 2,240 and 2,316 monthly in 2000.

- The number of active Medication Aides has increased steadily from 6,490 in May FY 1997 to 7,806 in February 2000.

- The number of Nurse Aides active in nursing-related professions has decreased from 103,374 in December 1998 to 94,361 in February 2000. In addition, the number of new certificates issued per month has decreased from 1,704 in FY 1998 to 1,117 for FY 2000 YTD, a decline of 34 %. The major cause of the decrease in the number of new and active nurse aides appears to be the strong economy. Nurse aide wages continue to be low, and opportunities for better paying jobs in Texas have continued to increase.

- The number of Nursing Facility Administrator dispositions, case dismissals and sanctions, included 107 final dispositions in FY 1998, which rose slightly in FY 1999 to 115. The program transferred to DHS

[25] Data elements for LTC facilities and HCSSA are not consistent since responsibility for the regulation of these providers resided with different agencies until 9/1/99.

at the beginning of FY 1997 including 150 pending cases, which were resolved in FY 1998 and FY 1999.

- The number of criminal history checks processed by the Department has fallen from 15,777 per month in FY 1998 to 13,323 per month in FY 2000. This decrease may be due to the decline in active Nurse Aids and the fact that providers can now obtain criminal history checks directly from the Department of Public Safety. Additionally, since the Home and Community Support Services Agency (HCSSA) program transferred from the Health Department in FY 2000, DHS has performed 13,354 criminal history checks per month for HCSSA and the Texas Department of Health.

Goal II: Family Support Services

Encourage self-sufficiency and long-term independence from public assistance by providing prompt, accurate, comprehensive, and effective support and preventive services to low-income families.

Family support services emphasize building the capacity of families to become and remain self-sufficient. Programs include those that provide basic financial, health, nutritional, and other aid to low-income families, while referring clients to additional services aimed at encouraging long-term independence from public assistance.

In general, significant issues to be strategically addressed by DHS in the area of family support services include:

- Ensuring adequate and equitable access to Food Stamps and Medicaid benefits.
  DHS has recently implemented a number of initiatives designed to enhance access to benefits including announcements and educational flyers, improved web site information, a toll-free information line, client forums, and a variety of local outreach efforts. Following several years of declines in the Food Stamp and Medicaid caseloads, the data shows that these trends are beginning to turn. However, research indicates that thousands of eligible Texans are still not receiving these benefits, which can be a vital tool to help families stay healthy and independent from other public assistance programs such as TANF. Therefore DHS must continue efforts currently underway that seek to educate the public about these benefits, and work effectively to ensure that all those eligible to receive these benefits are provided equitable and efficient services.

- Addressing the needs of the "*hard-to-place*" population.
  The changes in the TANF and Food Stamp caseloads in recent years have resulted in caseloads in which a substantial and growing percent of our clients lack many of the typical prerequisites for long-term and stable employment such as a high school education, vocational training, or substantive work experience. In addition, many of these clients experience substantial barriers to employment such as domestic violence, learning disabilities, and substance abuse. This situation indicates a need for continued innovation and improved coordination with other government and private entities designed to assist clients in obtaining services that facilitate self-sufficiency and long-term independence. Some current DHS efforts in this area include the Employment Retention and Advancement (ERA) Project, Local Innovation Projects in regions across the state, efforts taking place in the Colonias, and various Charitable Choice projects.

- Meeting a greater percent of the need experienced by TANF families and families who may become dependent on public assistance.
  The TANF program is designed to provide assistance that allows families to meet their financial needs, as well as to end the dependence of needy

families on government benefits. Greater flexibility in the use of Texas TANF funds could help Texas families achieve greater independence. Some options include:

- **Benefit supplements**—such as the grandparent supplement passed by the Texas Legislature in 1999.
- **Expanded one-time payment options**—TANF rules could be broadened to make the one-time payment option available to additional families who agree to leave TANF for at least one year.
- **Increased TANF grants**—The 76th Texas Legislature passed legislation requiring adjustment of the TANF grant amount each year to ensure that the maximum grant for a family of three is at least 17% of the federal poverty level.
- **Increased services for "at-risk" families**—TANF rules could be expanded to increase the level of services provided to those families at-risk of dependence on TANF. Many families in Texas are able to work, but still experience extreme financial need. Increased access to supportive services such as childcare, transportation, housing supplements, and substance abuse treatment would help these families to maintain their independence.

♦ Helping families cope with TANF time limits.

TANF families in Texas will begin reaching their federal time limits for receiving TANF cash assistance during the upcoming biennium (2002). Some families have already reached their state time limits. Without new assistance or intervention, many of these families can be expected to suffer from a shortage of basic needs that will negatively affect the health and well being of Texas children. To effectively address time limits while minimizing harm to Texas families, DHS and other state agencies must begin to develop a coordinated strategy for assisting families who have been on the TANF rolls for 30 or more months and who are nearing their lifetime TANF time limits.

Descriptions of each Texas Works service area, as well as analysis of target populations, are provided below.

♦ Temporary Assistance to Needy Families (TANF)

The Temporary Assistance to Needy Families (TANF) program provides temporary financial assistance to families with needy children who are deprived of financial support because of the absence or disability of one or both parents. Two-parent households can receive assistance through the TANF Unemployed Parent (TANF-UP) program if the family meets income and resource criteria. Assistance is typically provided on a monthly basis, but may be provided as a one time per year emergency

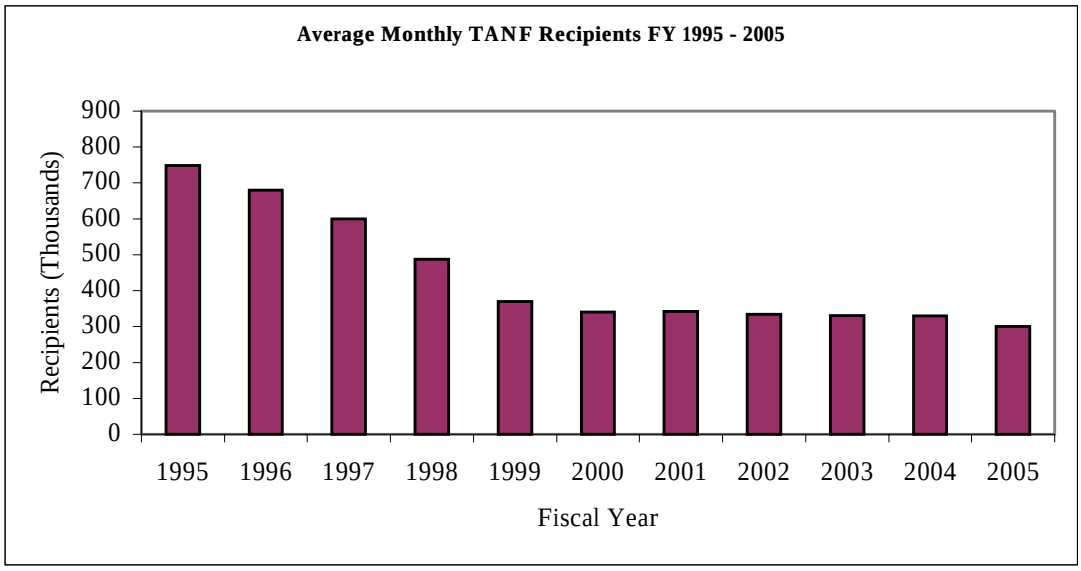
cash assistance payment of $1,000 if the family meets one of four crisis criteria.

As part of its initiative to help TANF and food stamp recipients become self-sufficient, the duties of DHS workers have expanded beyond providing benefits in an accurate and timely manner. Currently DHS workers maintain resource rooms in DHS offices for information on employment and training opportunities, provide job search assistance, develop community networks, and refer clients to local support services, workforce boards, and education and training opportunities.

When benefits are provided in Texas, the average monthly TANF grant amount is $56.87 per recipient. At the current payment level, with the value of food stamps and Medicaid added, the average TANF child lives in a home with an income of 75% of the federal definition for poverty.

In recent years, the number of Texans receiving TANF has undergone substantial change. The number of recipients increased every year from 1982 until 1994, reaching a high of about 796,000 recipients in January 1994. Then, Texas caseloads declined almost fifty-seven percent from January 1994 to August 1999. Currently, the TANF caseload in Texas is leveling off, and is expected to drop slightly with the effect of federal time limits.

- Recipients served by TANF are projected to decrease by 9.3% between 1999 and 2005—from 369,938 in 1999 to 299,037 in 2005.



Finally, research indicates that many additional Texans are potentially eligible for TANF benefits but are not currently receiving assistance.

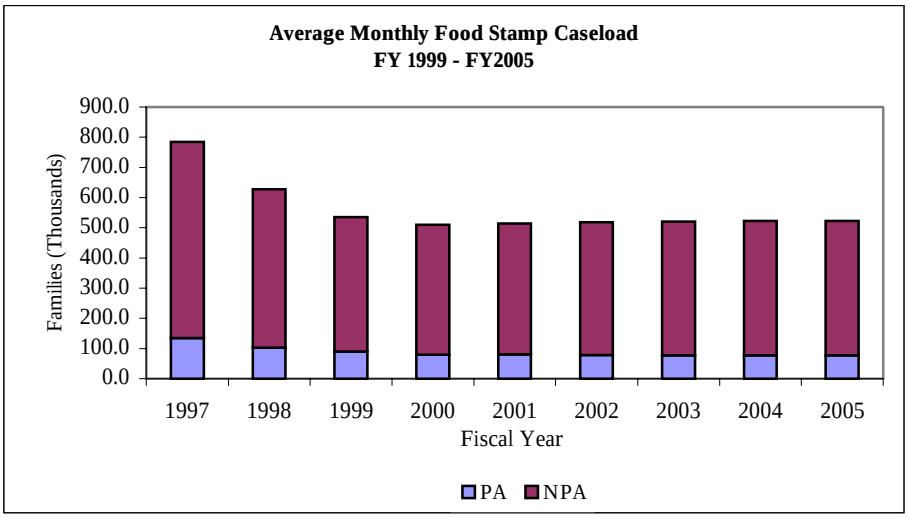
- Percent of need met was 33.4% in 1999.
- Potentially at-risk persons will grow from 1,106,040 in 1999 to 1,250,416 in 2005 for an increase of 13.1%—approximately 2% per year.

This potential population must be kept in mind as the agency plans for future years. Should the economy experience a downturn, the agency must be prepared to cope with an increasing demand for public assistance.

- Food Stamps

  The food stamp program is a federally funded program that helps low-income families, elderly people, people with disabilities, and single adults buy nutritious food from local retailers. In addition, an automated central unit provides food stamp benefits for Supplemental Security Income (SSI) recipients who are elderly or disabled without requiring them to go into a local office to confirm their eligibility.

  Much like TANF, the Food Stamp program in Texas has experienced dramatic changes in its caseload over the last decade. The average number of households served by the Food Stamp program each month increased more than 110% from 492,168 in FY 1988 to peak at 1,033,995 in FY 1994. However, that number dropped by almost 50% to 535,528 in FY 1999. Beginning in January of 2000, DHS implemented multiple initiatives designed to improve education about food stamps and enhance access to this federal benefit. Current projections now anticipate the decline in food stamp households has stabilized. DHS now estimates that Food Stamp households will decrease by only 2% between FY 1999 and FY 2005—from 535,528 in 1999 to 523,057 in 2005.



In addition to a shift in the number of families receiving food stamps, the average monthly benefit allotment has dropped from $72.89 per person in fiscal year 1996, to $71.29 per person in 1999.

Many households eligible for nutritional assistance are not receiving food stamp services, however.

- Research has shown that more than 2 million Texans have trouble consistently affording food, with more than 950,000 Texans suffering from hunger.[26] And similar to the national picture, of the 1.4 million Texans who have left the food stamp program since 1994, most remain in low-wage jobs that pay too little to bring their families above the income limit for food stamp eligibility (130% of the federal poverty level).[27]

- In 1999, the unmet need for assistance was 66.4% in Texas.

- The number of potentially eligible households is expected to grow from 1,594,357 in 1999 to 1,841,738 in 2005 for an increase of 15.5% or 247,381 households.

Medical Programs for Families and Children

Medicaid provides access to basic health care for TANF clients and other low-income families. DHS workers assist families in accessing Medicaid through referrals, eligibility determinations, and certifying families to receive Medicaid benefits.

As with other Texas Works programs, the number of people receiving Medicaid benefits has declined in recent years. For example, in fiscal year 1996, Medicaid programs for low-income families provided coverage to an average of 666,091 recipients per month, but by fiscal year 1999, this number increased to an average of 686,490 recipients covered each month.[28] The number of recipients enrolled in Medicaid each month is expected to continue to increase resulting from new initiatives undertaken by health and human service agencies to expand access to low-income health insurance [e.g., the Children's Health Insurance Program (CHIP)] and federal programs such as food stamps.

- By the year 2005, the average monthly number of low-income individuals eligible for Medicaid is expected to rise to 757,981—an increase of 13.8% since 1996.

Research also shows that the number of Texans potentially eligible to receive Medicaid benefits is expected to continue growing. Below, this growth is broken down by categories of the eligible population (not including those qualified through TANF):

- The number of qualified pregnant women at or below 185% of poverty, not TANF eligible, will grow from 128,575 in 1999 to 139,608 in 2005—a 8.6% increase.

- The number of children ages 1to 5 at or below 133% of poverty, not TANF eligible, will grow from 405,751 in 1999 to 433,323 in 2005—a 6.8% increase.

- The number of poor children age 6 through 18, not TANF eligible, will increase from 523,185 in 1999 to 592,608 in 2005—a 13.3% increase.

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[26] Center for Public Policy Priorities. (11/24/99). "Hunger in a Time of Plenty: Food Stamp Declines in Texas, 1995–1999." [On-line], 2. Available http://www.cppp.org/ 18 January, 2000.

[27] Center for Public Policy Priorities (11/24/99). "Hunger in a Time of Plenty: Food Stamp Declines in Texas, 1995–1999." [On-line], 2. Available http://www.cppp.org/ 18 January, 2000.

[28] These numbers reflect only recipients of Medicaid programs for TANF clients and low-income families—trends for elderly and disabled recipients of Medicaid benefits for Long Term Care are different (see trends for Goal I).

- The number of infants at or below 185% of poverty, not TANF eligible, will grow from 111,840 in 1999 to 120,350 in 2005—a 7.6% increase.

Finally, research indicates that the need for Medicaid services in Texas is not fully met.

- In 1999, the unmet need for Medicaid assistance for families and children was 41.3%

Special Nutrition Programs

Special Nutrition Programs administer six child and adult nutrition programs and three food distribution programs. These programs provide cash reimbursements and commodities to improve nutrition levels of participants. Special Nutrition Program costs and administrative responsibilities are 100% federally funded except for the Texas Commodity Assistance Program in which the state shares administrative costs.

The child and adult nutrition programs enable primarily private non-profit and governmental organizations to establish or improve a food service component as part of the child and adult care or educational services they provide. Program descriptions and service trends are as follows:

- The Summer Food Service Program (SFSP) bridges the nutritional gap during holidays and the summer for children through age 18. In FY 1999 SFSP contractors received $19.0 million for serving 10,609,291 meals to 234,227 children at 2,048 sites. The reported number of meals served between FY 1997 and FY 1999 increased unsubstantially by 1.8 %.

- The Child and Adult Care Food Program (CACFP) helps non-residential child and adult day-care providers furnish nutritious meals to their participants. In FY 1999 CACFP contractors received $114 million for serving 112,216,978 meals to an average daily participation (ADP) of 173,165 children and adults in 8,373 day care homes, 2,511 children care centers, and 251 adult day care centers in the CACFP.

- The National School Lunch (NSLP) and School Breakfast Programs (SBP) assist private schools and residential child-care institutions to provide free or reduced-price meals. The Special Milk Program (SMP) assists schools, childcare centers, and summer camps in providing milk to their enrolled children. In FY 1999 NSLP, SBP, and SMP contractors received $14.1 million for serving 10,669,279 meals and 827,936 half-pints of milk to an ADP of 27,082 children in 129 private schools and 95 residential child-care institutions.

- The Nutrition Education and Training (NET) Program seeks to improve children's nutrition through workshops and training in nutrition and food service management, as well as educational activities about nutrition for schools and child-care institutions. In FY 1999 the NET Program reached 259,213 children through 75 workshops, 199 children through 9 presentations, and 16,009 children through the NET Lending Library. A substantial decrease of services to children occurred due to a lack of NET funding. The level of services provided in FY 1999, although less than in previous

years, was made possible by using USDA State Administrative Expense (SAE) funds allocated to state agencies to administer the child and adult nutrition programs.

The numbers of individuals served through these child and adult nutrition programs are expected to increase over the next several years, especially with the addition of after school snacks in the CACFP and NSLP and the transfer of the Homeless Children Nutrition Program from USDA to SNP. Thus, by FY 2005 Special Nutrition Programs expect to pay contractors:

- $27.6 million for feeding an ADP of 249,672 in the SFSP.
- $183.4 million for feeding an ADP of 259,784 children and adults in the CACFP.
- $30.4 million for serving an ADP of 44,427 children in the NSLP, SBP, and SMP.

The food distribution programs provide United States Department of Agriculture (USDA) donated commodities directly to individuals and to private nonprofit and governmental organizations to improve and expand existing food service operations.

- Through the Food Distribution Program 1,484 agencies received 95.2 million pounds of USDA donated commodities valued at $61.9 million during FY 1999.
- The Texas Commodity Assistance Program distributed 21.1 million pounds of donated commodities with a value of $17.2 million to 2,593,732 Texas households during FY 1999.
- SNP added the Commodity Supplemental Food Program (CSFP) to its arsenal against hunger during FY 2000. The program will be implemented beginning with an initial caseload of 3,500 women, infants, and children and 1,500 elderly persons in low-income areas of the Dallas metroplex. SNP expects to distribute $1,114,400 in commodities through the CSFP in FY 2000.

Refugee Assistance

The Refugee Assistance program helps refugees become self-sufficient as quickly as possible after arriving in the United States. Through contracts with service providers, 7,555 refugees in FY 1999 received an estimated $5.7 million in refugee social services including employment services, English language instruction, health and emergency services and other discretionary grants. In addition, a monthly average of 1,758 refugees received an estimated $3.93 million in financial and medical benefits. The Refugee Program is funded 100% by the federal Office of Refugee Resettlement, United States Department of Health and Human Services.

Nationally, 90,000 refugee admissions have been approved for FFY 2000, including refugee allocations from the following countries: Africa—18,000; East Asia—8,000; the former Yugoslavia—17,000; Kosovo—10,000; the Baltic states—20,000; Latin America/the Caribbean—3,000; and an unallocated number of 6,000. Texas is expected to remain among the top four states in refugee resettlement behind California, New York, and Florida, and anticipates receiving between 6,000 and 7,000 refugees in FFY

2000. This expectation does not vary significantly from recent years during which Texas received between 4,500 and 6,000 refugees per year. Actual arrivals in the U.S., however, are dependent on conditions in other countries. It is expected that recent arrivals from the Eastern Baltic States, Iraq, Cuba, and Africa will represent the majority of new refugees in Texas.

Disaster Assistance

The Texas Disaster Act of 1975, in conjunction with the Disaster Relief Act, authorizes DHS to process applications for grants to people who have serious needs and necessary expenses associated with presidentially declared disasters. The Individual and Family Grant Program (IFGP) has provided more than $206 million to assist more than 87,000 families affected by floods, hurricanes and tornadoes since 1974. During the past 26 years, Texas has averaged 2 disaster declarations per year. DHS coordinates identifying, obtaining, and delivering available food, water, and ice supplies for mass care shelters and bulk distribution centers.

Goal III: Family Violence Services

To promote self-sufficiency, safety, and long-term independence from family violence for adult victims and their children by providing emergency, support and prevention services.

The Family Violence Program works to reduce and prevent family violence by supporting services for victims of domestic violence and their families. To provide services in 1999, DHS contracted with 67 shelter centers and 8 non-resident programs statewide.

In general, significant issues to be strategically addressed by DHS in the area of family violence include:

- Expansion of services to underserved populations
  who may not typically access traditionally available family violence services. These populations include but are not limited to: women of color, incarcerated women, women living in rural communities, women who are homeless or who live in public housing developments.

- Coordination and communication between service providers and the Texas Department of Protective and Regulatory Services (TDPRS)
  to assist with issues relating to confidentiality and program coordination.

- Improvement of family violence services to TANF clients.
  For example, staff provide assistance with DHS' implementation of the federal "Family Violence Option" that allows certain TANF requirements to be temporarily waived or modified for victims of family violence. Under this option, which was endorsed by the Texas Legislature in 1997, victims of family violence may collect TANF yet be exempted for up to one year from typical TANF requirements relating to time limits, child support enforcement, paternity establishment, and work activity. DHS is developing procedures to ensure that TANF clients who are victims of family violence receive information about available services and possible temporary exemptions from these requirements. In addition, basic training is underway to educate direct services staff in DHS offices about domestic violence and available temporary exemptions from requirements for victims. Procedures are also being developed that will help TANF clients access domestic violence service providers as quickly as possible.

- Supporting the economic independence of victims
  by assisting family violence service providers in establishing customer services that promote employment and self-sufficiency. Such services may include a job development component that would identify and educate potential employers for victims in search of work. This emphasis is important since recent national studies have indicated that about 15% to 32% of women on welfare were being abused by their partners, and

about 34% to 65% of women on welfare had been victims of domestic violence as an adult.[29]

Descriptions of the Family Violence Program service area, as well as analysis of the target populations, are provided below.

Family Violence Program

DHS and the Texas Council on Family Violence (TCFV) have an innovative partnership to administer the Family Violence Program. TCFV is the membership association for family violence programs statewide and has 25 years of experience in working with service providers and the victims of family violence. DHS and TCFV work collectively to ensure family violence programs are in compliance with state and federal regulations, and have access to training and technical assistance that will improve services to victims and their families.

The family violence programs that contracted with DHS in fiscal year 1999 received an average of 23 percent of their total operating budgets from the agency. The rest of their funding came from the United Way, city and county governments, other state and federal grants, community fund-raising efforts, and grants from private foundations. The programs use a variety of in-kind contributions and rely heavily on volunteers. In fiscal year 1999, volunteer hours accounted for an equivalent of 369.66 full-time staff positions valued at $6.27 million.

While the **rate** of family violence in Texas is not expected to change significantly in the next few years, as the population in Texas continues to increase, the **number** of women battered in Texas is likely to increase. In addition, due to increased efforts at community outreach and education by family violence shelter center staff and the national media focus on domestic violence, the number of battered women seeking access to family violence services is also expected to increase.

- Research shows that physical or sexual abuse by husbands or partners, ex-husbands or ex-partners, will occur in the lives of 11.4% of women in Texas in one year.[30]

- An estimated 857,745 women in Texas will experience abuse in the year 2000.

Research shows that increasing numbers of victims of family violence have been accessing services in Texas in recent years. However, despite increased outreach and education, not all victims of family violence seek or have access to services. For example, DHS is dependent upon local communities to develop shelters and related services, and many communities have not yet done so. Moreover, some existing programs operate at or above capacity on a daily basis, and must maintain waiting lists for non-resident services. While programs frequently work together to assist clients in locating other

[29] In 1997, the Project for Research in Welfare, Work, and Domestic Violence compiled the results of four studies (conducted from 1992 through 1997) that provided data about the percentage of women on AFDC who were victims of domestic violence.

[30] Based on Domestic Violence in Texas: A Study of Statewide and Rural Spouse Abuse, 1989. Midwestern State University, Bureau of Business and Government Research, Wichita Falls, Texas.

resources, transportation, distance, and relocation from resources are barriers to battered women going where other services might be available.

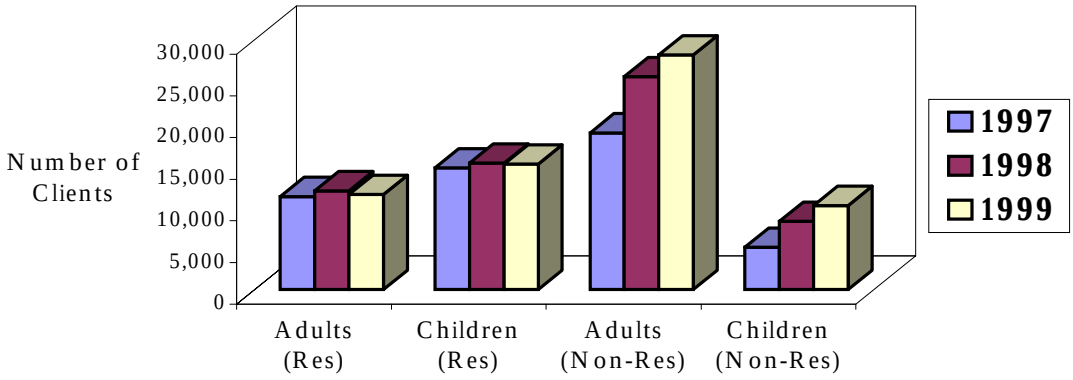
- In fiscal year 1999,[31] an estimated 841,657 women in Texas were physically or sexually abused by their husbands or partners. However, family violence contractors were only able to shelter 26,489 women and children, and only 38,300 were provided non-resident services.

- Currently, Family Violence Services are available to residents in only 33% of Texas counties.

- Percent of Adult Need Met was only 4.7% in 1999.

To promote long-term independence from family violence, the Texas Council on Family Violence is proposing a Safe Families Initiative to address the most significant barriers that domestic violence victims face in achieving successful transition to safety and self-sufficiency. Specialized continuation of services will assist families as they move beyond emergency services to overcome barriers to successful transitions including, but not limited to, affordable, safe, community-based housing; childcare and after school programs; transitional housing with on-site programming for residents; accessible job training and job readiness programs.

Residential & Non-Residential Services



DHS family violence shelter centers are serving victims at maximum capacity and still deny shelter services to over 22% of those requesting it due to a lack of space. The number of victims requesting nonresidential services and also continues to rise due to community education efforts and new laws resulting in increased safety for victims residing in their homes. Additional funding will allow for critically needed expansion of services and the development of new service providers as well as outreach to under-served communities. These increased services are expected to result in a continuum of care that allows for achievement of self-sufficiency and promotes safety and freedom from violence.

[31] Based on Domestic Violence in Texas: A Study of Statewide and Rural Spouse Abuse, 1989. Midwestern State University, Bureau of Business and Government Research, Wichita Falls, Texas.

Goal IV: DHS Workforce Development

To establish and carry out policies that provide equitable access to agency programs and employment.

DHS is committed to ensuring a work environment free of discrimination, harassment, and intimidation; and to serve clients in a manner that does not discriminate because of race, color, religion, sex, national origin, age, political belief, or disability. To assist in this effort, DHS maintains programs in the areas of Civil Rights and Services to Persons with Disabilities.

In general, significant issues to be strategically addressed by DHS in this area include:

- Improving workforce diversity at all staff levels
  so that our workforce more closely represents the diversity of clients we serve – not only in direct service positions, but also across the spectrum of the DHS workforce.

- Increasing the recruitment and retention of a diverse staff
  while responding to changes in the workplace which include the retirement of a large portion of the state government workforce and increasing needs for highly skilled and trained employees.

- Improving the department's civil rights / diversity training programs
  to educate incumbent employees on the benefits and rewards of a diverse workforce and awareness of and sensitivity to the needs of an increasingly diverse client population.

- Ensuring that DHS services are appropriate and accessible
  in Texas by continuing to conduct civil rights program operations and compliance reviews throughout the state that include evaluating the physical access to agency offices and the methods for delivering services to all persons, including persons with disabilities. Civil rights reviews obtain client and community feedback and comments regarding quality of service and recommendations for improving services and service delivery.

Descriptions of program areas, as well as analysis of target populations are provided below.

Civil Rights

The Civil Rights Program conducts internal equal employment opportunity (EEO) complaint investigations, conducts client complaints of civil rights violations and recommends corrective action. Civil Rights also provides consultation and technical assistance to regional and state office staff regarding all federal and state civil rights statutes and regulations for employees, job applicants, clients, and applicants for assistance (includes direct services and contractually provided services). This activity also includes evaluation of accessibility to agency programs, employment, and facilities by focusing on disability laws and regulations, and those addressing reasonable

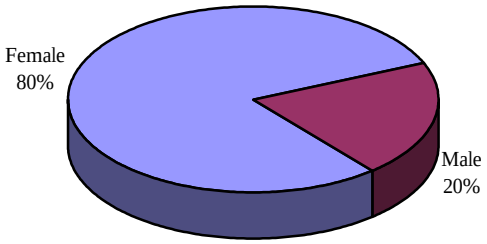
accommodation provisions for employees, as well as the elimination of architectural barriers in DHS offices.

The increased recruitment of women, minorities, and people with disabilities is a related objective noted in both the agency's business and strategic plans. As of December 1999, some of the agency's workforce characteristics were: 80.0% female; 41.0% White; 19.0% African American; 38.0% Hispanic; and 2.0% other ethnicities.

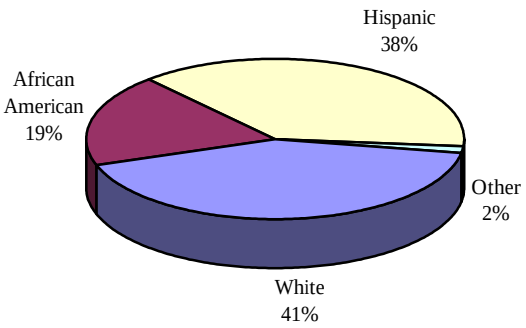
While DHS continues to make strides in achieving a diverse workforce, ethnic origin and gender of employees varies significantly across professions at DHS.

Persons with disabilities comprise 6.4% of the DHS workforce.

DHS Workforce Based on Gender



DHS Workforce Characteristics Based on Ethnicity



Office on Services to Persons with Disabilities

The Office on Services to Persons with Disabilities (OSPD) was established in 1989 to work with all DHS program areas to ensure that policies and programs support the agency's commitment to develop community services for persons with disabilities. OSPD is a focal point through which consumers, advocates, service providers, DHS staff, and other agencies can raise issues and concerns regarding services to people with disabilities. DHS believes that all people with disabilities can live in their communities when provided appropriate services.

Goal V: Historically Underutilized Businesses

To establish and carry out policies governing purchasing that fosters meaningful and substantive inclusion of historically underutilized businesses.

DHS supports and administers a program to encourage participation by historically underutilized businesses (HUBs) in agency contracting and subcontracting. The DHS HUB program is designed to enhance the ability of HUBs to compete for DHS contracts, increase the agency's awareness of such businesses, ensure meaningful HUB participation in the procurement process, and assist the agency in achieving its HUB goals. DHS activities relative to the program include development of policies, procedures, goals, and business opportunities, as well as outreach, contract monitoring, and reporting.

In general, significant issues to be strategically addressed by DHS in this area include:

- Implementing new legislation.
  Significant new legislation includes SB 178 of the 76th legislature which requires the following: a mentor / protégé program that will match a HUB subcontractor with a prime contractor for the purpose of furthering the business education of the HUB vendor, provision of DHS forums for HUB vendors to present their products and services directly to purchasers and end users, and a provision to determine subcontracting opportunities in contracts of $100,000 or more.

- Increasing the number of HUB vendors not currently certified with the General Services Commission (GSC).
  New legislation permits GSC to certify the HUB vendor programs of local governments. This is expected to give DHS the opportunity to reach HUB vendors not currently certified with GSC—a significant opportunity since the number of certified GSC HUB vendors has decreased from 14,000 in FY 1996 to 6,000 in FY 1999. Despite DHS ability to increase our HUB business without these new programs and through this decline in vendor base, implementation of these new initiatives is expected to further increase the volume of HUB business with the agency.

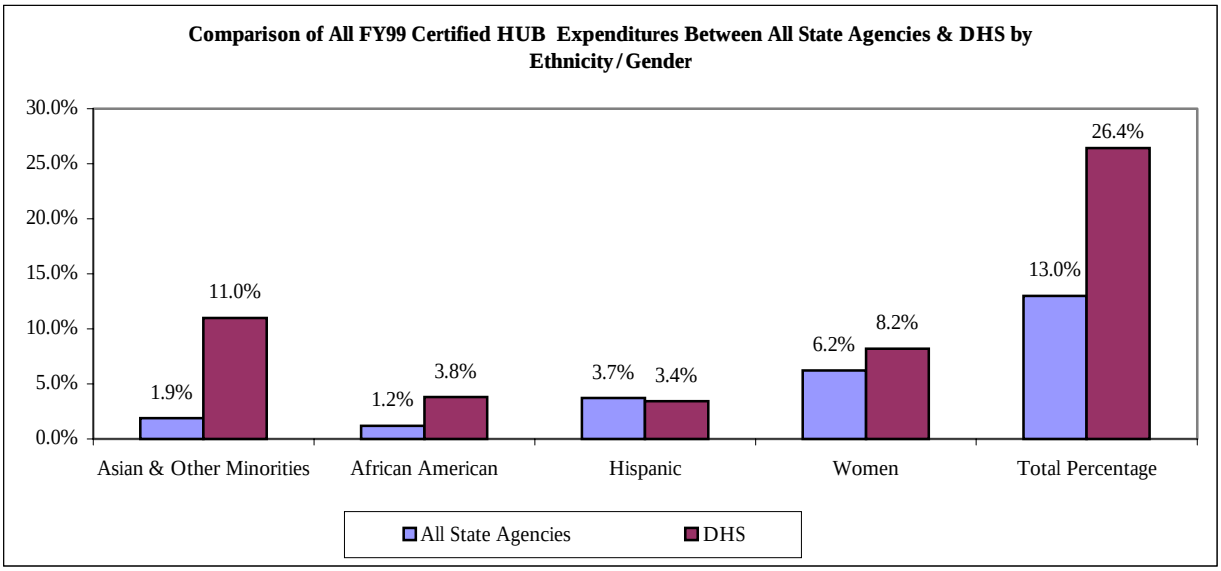
Agencies must make good faith efforts to meet six separate goals based on procurement categories. The following table reflects the agency's recent achievements toward meeting the six goals set by the General Services Commission.

DHS Achievement for FY 1996–1999
Delegated Purchases from Certified HUB Vendors

Procurement Category	State Goal	DHS FY96	DHS FY97	DHS FY98	DHS FY99
Heavy Construction	6.6%	N/A	N/A	N/A	N/A
Other Building Construction	25.1%	N/A	N/A	N/A	N/A
Special Trade Construction	47.0%	8.4%	7.4%	20.4%	16.5%
Professional Services	18.1%	2.7%	88.2%	30.8%	0%
Other Services	33.0%	18.1%	13.7%	18.4%	18.3%
Commodities	11.5%	31.5%	15.1%	23.7%	14.8%

N/A—Not applicable

DHS has consistently performed favorably relative to other reporting Texas State Agencies with regard to the dollars expended in certified HUB contracts.



Challenges and Opportunities for Change

DHS staff members are engaged in an ongoing process of analysis regarding the challenges and opportunities the agency is likely to face in the years to come. Efforts throughout 1998 and 1999 to gather input regarding these challenges and opportunities included meetings with external stakeholders at both the regional and state level; active state and regional participation in more than 20 local planning forums conducted by the Health and Human Services Commission (HHSC), Texas' Councils of Government (COGs) and United Way organizations; and internal assessments completed by staff. In addition, staff members have analyzed new state and federal legislation, the impact of litigation, and state and federal policy changes that may be on the horizon.

In the area of **Program or Service Improvements and Service Delivery**, the following significant challenges and opportunities for the agency were identified:

- The nature of public assistance is changing—moving people from welfare to work. For this effort to succeed needy families and individuals must receive the services and support they need to make the transition from public assistance to work and economic independence. Despite the initial declines in the number of welfare recipients following welfare-to-work efforts, there are concerns about the impact on low-wage families if the economy declines. While many families are working, low-skill, low-paying jobs will not address all of their economic needs.

- Addressing the changing needs of clients—rapid fluctuations in TANF and Food Stamp caseloads, with those remaining being "harder to place" in terms of Welfare to Work initiatives, will result in an increased need for coordination with other government and private entities to assist clients in obtaining needed services to help them achieve self sufficiency. It also points to a need for more comprehensive case management for the programs we offer, especially as the characteristics and specific needs of clients are changing. Focus is shifting toward addressing barriers to employment, promoting job retention and advancement, developing and evaluating strategies to encourage self-sufficiency and welfare avoidance, and addressing the needs of the hardest to place, which often include adult learning and literacy issues.

- Responding to economic challenges necessitates examination of support systems to ensure a skilled and trained population that is prepared to work in the new economy. By 2006, employment in Texas is expected to increase by 21% with the addition of almost 2 million new jobs, 44% of which will be found in the professional, technical and service occupations. Many recipients of the present TANF caseload are currently ill prepared to obtain the higher paying jobs in the professional and technical occupations. To reduce the dependence on cash assistance, TANF clients will need a continuum of support to obtain the necessary training required for these occupations.

- Responding to changes in demographics and public policy direction requires planning and implementing changes while maintaining performance and preventing any disruption to customer services. This is particularly critical for key initiatives

such as: TIERS, EBT-2, transitioning from state to federal welfare reform requirements, developing policy for federal time limits, and shifting resources to fit the new welfare environment.

- Establishing a balance between increased outreach and access to services that help Texans achieve and maintain independence with the limited ability of the state to fund and provide those services. Increased access to health insurance services such as Medicaid and CHIP as well as supportive services such as child care, transportation, and housing would assist low-income families in their efforts to leave or avoid the welfare rolls, as well as improve family health and well-being. Funding limitations however, continue to remain a challenge to increasing the number of Texans served.

- The increasing complexity of programs we provide has resulted in the need for policy and process simplification, from both a client service and an operational perspective. Increased efforts toward quality, timeliness, and accuracy of services, coupled with increased complexity of requirements have resulted in a trend of increased workload even in situations where the caseload itself has declined.

- Balancing conflicting needs and statutory requirements while still meeting the best interests of clients with the funding that is available. Examples of this challenge include:
  - addressing inconsistencies between federal and state regulations and policy;
  - establishing and enforcing quality care standards in order to ensure the provision of quality care in services; and
  - managing increased liability litigation due to legal challenges to sanctions and the lengthy due process requirements that delay actions against non-compliant service providers, and ultimately affect quality of care to clients.

- Addressing the increased focus on quality of care and individual choice in Long Term Care is a challenge in an environment where costs are increasing rapidly, funding is limited, and service providers are facing financial instability.

- Implementing newly adopted federal Nursing Home Initiatives (NHI) is a challenge due to limited federal funding. The NHI are aimed at improving survey and certification oversight by increasing and improving survey and investigation activities. DHS continues to work with the Health Care Financing Administration (HCFA) to increase the funding for these new endeavors.

The following represent major challenges that could affect performance in the **Administration of Services**:

- Limited resources affect our ability to meet client needs. This includes both funding and the quality and availability of providers. Results of limited funding include service caps for community care, expenditure caps on staffing, salaries and travel that affect service delivery, and the TANF grant amount.

- The changing face of the Texas state government workforce poses significant challenges to effectively providing services. Careers in state government are not attracting new employees; the nature of our work is changing to require a highly skilled and trained workforce using more advanced technology; and there is increased competition among employers for skilled and motivated workers. Compounding the issue of attracting and retaining skilled employees, is the fact that a significant number of the current state government workforce will retire by 2005.

- The increase in mission-critical projects to plan and implement change in response to policy directions has resulted in competing demands internally for severely limited skill sets among a shrinking number of subject matter experts.

- Limited resources have resulted in a need for prioritization of resources and dollars for the development or modification of automated systems to meet critical business needs. Delays in providing needed automation solutions to meet business needs can have a direct impact on performance effectiveness and staff efficiency. From an environmental standpoint, the increasing demand for expanding electronic commerce and information sharing with other state and federal agencies, as well as with public and community-based service providers, is becoming more of a challenge due to lack of standardization in technology.

Several initiatives were identified during the planning process that address many of these challenges. Please see Appendix K for a description of the proposed initiatives for the FY 2002–03 legislative appropriations request.

DHS has always been a good agency, but that is not enough. DHS must become one of the premier agencies in the country. To do that—especially in light of the challenges facing this agency—we must become more effective, innovative, and creative, and always keep our eyes on the future, searching for better ways to serve the citizens of our state.

Other Related Planning

Agency Business Plan

In FY 1999, DHS initiated the development of an integrated business planning process. While the Agency Strategic Plan addresses our efforts to maintain quality service delivery in current programs long into the future, the DHS business planning process has been implemented to better facilitate proactive planning for short-term improvements in services, processes, and management. The Agency Business Plan provides clear direction on where the agency is going and what we want to achieve over the next two years. It is a living document that guides agency evaluation of progress, triggers the re-assessment of goals as various objectives are met, and is continually updated to reflect changes in client and stakeholder needs and in agency operations.

In particular, several themes identified throughout DHS planning assessment processes are addressed in the Agency Business Plan. These themes include:

- Improving communication with clients, stakeholders, and the public, and enhancing public awareness;
- Improving customer service;
- Streamlining and simplifying processes and services;
- Improving access to services and information;
- Improving collaboration with other state and local agencies to facilitate more holistic responses to client needs and concerns; and
- Ensuring quality service delivery and integrity and accountability of programs and services.

Objectives and activities related to these themes may be found within the FY 00–01 Agency Business Plan, recently published on the agency web site at http://www.dhs.state.tx.us/publications/.

Workforce Development Strategic Plan

DHS could not achieve its strategic goals without partnerships with oversight councils and commissions. A newly formed partnership resulted from the Workforce Investment Act and the Carl D. Perkins Act, both enacted by the federal government in 1998. Early implementation of these programs began in 1999. The Texas Council on Workforce and Economic Competitiveness (TCWEC) developed and recommended a strategy to the Governor for workforce development in Texas. DHS is a partner with the Texas Workforce Commission (TWC) and other state agencies to implement the TCWEC workforce development system.

The TCWEC plan focuses on barriers to workforce development including education and training requirements, access to job related information, and support services to assist those participating in the workforce for the first time. DHS collaborates with the TWC to ensure that TANF clients meet the work-related requirements of their Personal Responsibility Agreements. In this sense, DHS clients serve as an input to the TCWEC plan. A new initiative will assist TANF clients to overcome barriers to employment, as well as job retention and wage advancement barriers.

HHSC Coordinated Strategic Plan

DHS staff also participate in the development of the HHSC Coordinated Strategic Plan, which addresses strategic issues and strategic directions for health and human services, and provides strategic direction for common issues, and the basis for the Health and Human Services Consolidated Budget. During FY 99, all of the health and human service agencies were involved in a collaborative effort to obtain consumer input on the significant issues and needs of the health and human services system and to discuss the most effective ways to deliver and coordinate services. Forums were held in 20 locations and conducted as a collaborative project between HHSC, the United Way of Texas and Texas Regional Councils of Government. Input from these forums has been used in the development of the Coordinated Strategic Plan, and in the DHS Strategic Plan.

System-wide priorities were established for the CSP, and were considered during the DHS strategic plan development process, to ensure consistency in direction. Appendix H lists the priorities and the specific activities in DHS that support progress in achieving the desired outcomes related to these priorities.

The following structure is current as of May 23, 2000. It is pending final approval from the Legislative Budget Board and the Governor's Office of Policy and Budget.

Agency Goals

2001–2005 Goals, Objectives, Strategies and Measures

Goal I:

To provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.

Objective A
By 2005, ensure that 100% of older persons and persons with disabilities, who need and request help, maintain their independence in the least restrictive and most cost effective setting.
Outcome Measures
1. Percent of At-risk Population Served in Nursing Facilities
2. Percent of At-risk Population Served in the Community
3. Percent of LTC Clients Served in Community Settings
4. Medicaid Nursing Facility Bed Utilization per 10,000 Aged and Disabled Persons in Texas
5. Percent of Medicaid Clients De-institutionalized or Diverted from Institutional Settings
Strategy A: Assist with Daily Needs and Community Care Services
Provide assistance with daily needs in homes and community settings which will enable elderly persons, persons with disabilities, and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.
Output Measures
1. Average Number of Clients Served per Month: Medicaid Non-waiver Community Care
2. Average Number of Clients Served per Month: Medicaid CBA Waiver
3. Average Number of Clients Served per Month: Medicaid CLASS Waiver
4. Average Number of Clients Served per Month: Deaf-Blind with Multiple Disabilities Waiver
5. Average Number of Clients Served per Month: Consolidated Home and Community-Based Services Waiver
6. Average Number of Clients Served per Month: Medically Dependent Children
7. Average Number of Clients Served per Month: Non-Medicaid Community Care
8. Average Number of Clients Served per Month: Personal Attendant Services for Working Persons
9. Average Number of Clients Served per Month: Total
10. Average Number of Clients per Month Receiving: Assisted Living Services

11. Average Number of Clients per Month Receiving: Attendant Care Services
12. Average Number of Clients per Month Receiving: Day Activity and Health Services
13. Average Number of Clients per Month Receiving: Home-delivered Meals
14. Average Number of Home-delivered Meals Provided per Month
Efficiency Measures: Strategy A
1. Average Monthly Cost per Client Served: Medicaid Non-waiver Community Care
2. Average Monthly Cost per Client Served: Community Based Alternative Waiver (CBA)
3. Average Monthly Cost per Client Served: Medicaid Related Conditions Waiver (CLASS)
4. Average Monthly Cost per Client Served: Deaf-Blind with Multiple Disabilities Waiver
5. Average Monthly Cost per Client Served: Consolidated Home and Community-Based Services Waiver
6. Average Monthly Cost per Client Served: Medically Dependent Children
7. Average Monthly Cost per Client Served: Non-Medicaid Community Care
8. Average Monthly Cost per Client Served: Personal Attendant Services for Working People
9. Average Monthly Cost per Client Served: Total
10. Average Cost per Home-delivered Meal
Input/Explanatory Measures: Strategy A
1. Average Number of Persons on Interest List per Month: Medicaid CBA Waiver
2. Average Number of Persons on Interest List per Month: CLASS Waiver
3. Average Number of Persons on Interest List for Deaf-Blind with Multiple Disabilities Waiver
4. Average Number of Persons on Interest List per Month: Non-Medicaid Community Care
5. Average Number of Persons on Interest Lists/ Month: Total
6. Number of Community Care Provider Cost Reports Analyzed
7. Percent of Community Care Provider Cost Reports Field Audited
8. Dollars Diverted from Institutional Care
Strategy B: Subsidy/Capital Expenses/In-Home and Family Support
Provide cash subsidy and provide reimbursement for capital improvements, purchase of equipment, and other expenses to enable elderly persons and persons with disabilities to maintain their independence and prevent institutionalization.
Output Measures: Strategy B
1. Average Number of Clients Receiving In-Home/Family Support (IHFS) Cash Subsidy per Month
2. Number of Clients Receiving Capital Expenditure Reimbursement Annually
Efficiency Measures: Strategy B
1. Average Monthly Cost of IHFS per Client
2. Average Cost per Capital Expenditure
Explanatory Measures: Strategy B
1. Average Number of IHFS Clients on Interest List per quarter
Strategy C: Long Term Care Eligibility
Provide timely and accurate eligibility determination for all individuals who apply and provide service planning and referral for all elderly persons with disabilities who qualify for services.
Output Measures: Strategy C
1. Average Number of Persons Eligible per Month: Nursing Facilities
2. Average Number of Persons Eligible per Month: ICF-MR/RC Facilities
3. Average Number of Persons Eligible per Month: LTC Non-institutional Medicaid
4. Average Number of Persons Eligible per Month: Community Care
5. Average Number of Persons Eligible per Month: In-Home/Family Support

6. Average Case Equivalents per LTC Medicaid Financial Eligibility Worker (MAO)
7. Average Case Equivalents per Community Care Worker
8. Average Number of LTC Medicaid Standardized Case Equivalents per Month
9. Average Number of Standardized Community Care Case Equivalents per Month
10. Average Length of Time from Application to Receipt of Services (CBA)
11. Average Length of Time From Application to Receipt of Primary Home Care: SSI (PHC-SSI) Services
Efficiency Measures: Strategy C
1. Average Monthly Cost per Case: Nursing Facilities
2. Average Monthly Cost per Case: ICF-MR/RC Facilities
3. Average Monthly Cost per Case: LTC Non-institutional Medicaid
4. Average Monthly Cost per Case: Community Care
5. Percent of LTC Medicaid Financial Eligibility Applications Completed on Time
6. Percent of LTC Medicaid Financial Eligibility Reviews Completed on Time
7. Percent of Community Care Eligibility Applications Completed on Time
8. Percent of Community Care Eligibility Reviews Completed on Time
Explanatory Measures: Strategy C
1. Percent/Proportion of Direct Delivery Staff with less than 1 year in LTC
2. Percent/Proportion of Direct Delivery Staff with 1 to 2 years in LTC
3. Percent/Proportion of Direct Delivery Staff with 2 or more years in LTC
Strategy D: Nursing Facility and Hospice Payments
Provide payments to promote quality care for clients with medical problems that require nursing facility or hospice care.
Output Measures: Strategy D
1. Average Number of Persons Receiving Medicaid-funded Nursing Facility Services per Month
2. Average Number of Clients Receiving Co-paid Medicaid/Medicare Nursing Facility Services per Month
3. Average Number of Clients Receiving Hospice Services per Month
4. Average Number of Clients per Month Receiving State Supplementation for Personal Needs Allowance
Efficiency Measures: Strategy D
1. Average Daily Nursing Home Rate
2. Average Amount of Client Income Applied to the Cost of Care per Day
3. Net Nursing Facility Cost per Medicaid Resident per Month
4. Average Monthly Cost per Client Receiving State Supplementation for Personal Needs Allowance
5. Net Payment per Client for Co-paid Medicaid/ Medicare Nursing Facility Services per Month
6. Average Net Payment per Client per Month for Hospice
Input/Explanatory Measures: Strategy D
1. Number of Nursing Home Provider Cost Reports Analyzed
2. Percent of Nursing Home Provider Cost Reports Field Audited
Strategy E: Integrated Service Delivery
Promote the development of integrated service delivery systems for aged and disabled clients.
Output Measures: Strategy E
1. Average Number of Aged and Medicare-eligible nursing facility (NF) recipients per Month served through STAR+PLUS Health Maintenance Organizations (HMOs)

2. Average Number of Aged and Medicare-eligible Community-Based Alternatives (CBA) recipients per Month served through STAR+PLUS Health Maintenance Organizations (HMOs)
3. Average Number of Aged and Medicare-eligible other community recipients per Month served through STAR+PLUS Health Maintenance Organizations (HMOs)
4. Average Number of Disabled and Blind NF Recipients per Month served through STAR+PLUS HMOs
5. Average Number of Disabled and Blind CBA Recipients per Month served through STAR+PLUS HMOs
6. Average Number of Disabled and Blind Other community Recipients per Month served through STAR+PLUS HMOs
7. Average Number of Recipients per Month: Program for All-inclusive Care for the Elderly (PACE)
Efficiency Measures: Strategy E
1. Average Monthly Cost per Aged and Medicare-eligible NF Recipient served through STAR+PLUS HMOs
2. Average Monthly Cost per Aged and Medicare-eligible CBA Recipient served through STAR+PLUS HMOs
3. Average Monthly Cost per Aged and Medicare-eligible other community Recipient served through STAR+ PLUS HMOs
4. Average Monthly Cost per Disabled and Blind NF Recipient served through STAR+PLUS HMOs
5. Average Monthly Cost per Disabled and Blind CBA Recipient served through STAR+PLUS HMOs
6. Average Monthly Cost per Disabled and Blind other Community Recipient served through STAR+PLUS HMOs
7. Average Monthly Cost per Recipient: Program for All-inclusive Care for the Elderly (PACE)
Objective B
All Long Term Care facilities and all credentialed health care professionals providing services to individuals in Long Term Care facilities will be in substantial compliance with state and federal standards or corrective actions/enforcement will be initiated.
Outcome Measures
1. Percent of Facilities Complying With Standards at Time of Inspection for licensure and/or Medicare/Medicaid certification
2. Percent of facilities correcting adverse findings by time of first follow-up visit after inspection
3. Percent of nursing facilities and ICF-MRs with more than six on-site monitoring visits per year
4. Number of substantiated complaint/incident allegations of abuse, neglect: Nursing Facilities
5. Number of substantiated complaint/incident allegations of abuse, neglect: ICF-MRs
6. Number of substantiated complaint/incident allegations of abuse, neglect: Assisted Living Facilities and Adult Day Health Centers
7. Percent of Nursing Facility Administrators with No Recent Violations
8. Percent of Nurse Aides and Medication Aides with No Recent Violations
9. Percent of Complaints and Referrals Resulting in Disciplinary Action: Nursing Facility Administrators

10. Percent of Complaints and Referrals Resulting in Disciplinary Action: Nurse Aides and Medication Aides
11. Percent of Home and Community Support Service Agencies Complying with Standards at time of Inspection
Strategy A: Licensing/Certification/Enrollment
Provide licensing, certification and contract enrollment services, as well as financial monitoring and complaint investigation, to ensure that residential facilities comply with state and federal standards, and that residents receive high quality care and services and are protected from abuse, neglect, and exploitation.
Output Measures: Strategy A
1. Number of LTC Facility Certifications Issued
2. Number of LTC Facility Licenses Issued and License Application Changes Processed
3. Number of Nursing Facility/ICF-MR on-site monitoring visits completed
4. Number of Inspections Completed
5. Number of First Follow-up Visits Completed
6. Number of Complaint and Incident Investigations Completed per Month
7. Total dollar amount Imposed from fines
8. Total Dollar Amount Assessed from Fines
9. Total Dollar Amount Collected from Fines
10. Number of Medicaid Facility and Hospice Service Contracts Issued
Efficiency Measures: Strategy A
1. Average Cost per Facility Visit
2. Average Cost per Medicaid Facility and Hospice Service Contract Issued
Input/Explanatory Measures: Strategy A
1. Number of Facilities Terminated from Licensure and/or Certification Programs
2. Number of Medicaid Facility Contracts Terminated
Strategy B: Credentialing
Provide credentialing, training, regulatory, testing, and enforcement services to qualify individuals to provide services to LTC facility residents and home health care agencies in compliance with applicable law and regulations.
Output Measures: Strategy B
1. Number of Licenses Issued or Renewed: Nursing Facility Administrators
2. Number of Credentials Issued or Renewed: Nurse Aides and Medication Aides
3. Number of Complaints and Referrals Resolved: Nursing Facility Administrators
4. Number of Complaints and Referrals Resolved: Nurse Aides, Medication Aides and un-credentialed direct care personnel
5. Number of criminal history checks processed
Efficiency Measures: Strategy B
1. Average Cost per License Issued: Nursing Facility Administrators
2. Average Cost per Credential Issued: Nurse Aides and Medication Aides
3. Average Cost per Complaint or Referral Resolved: Nursing Facility Administrators
4. Average Cost per Complaint or Referral Resolved: Nurse Aides, Medication Aides and uncredentialed direct care personnel

Strategy C: Home and Community Support Licensing
Provide licensing, inspection, and certification services to home and community support services agencies for the protection of clients and to ensure compliance with state and federal standards
Output Measures: Strategy C
1. Average number of Home and Community Support Services Agency (HCSSA) licenses issued per Month
2. Average number of HCSSA inspections conducted per Month
3. Average number of complaint investigations conducted (on-site): HCSSA per Month

Goal II:

To encourage self-sufficiency and long term independence from public assistance by providing prompt, accurate, comprehensive, and effective support and preventive services to low-income families.

Objective A
By 2005, eligible persons will have access to support services in times of need, including employment resources, financial assistance, health care, nutritious meals, immigrant/ refugee assistance, and disaster assistance.
Outcome Measures
1. Percent of Potential Eligible Population Receiving TANF
2. Percent of Total Children in Poverty Receiving TANF
3. Ratio of Terminated TANF Cases to New TANF Cases
4. Unduplicated Number of TANF Adult Clients per Year Who Have Exhausted Their Time-limited Benefits
5. Percent of TANF Caretakers Who Leave TANF Rolls Because of Increased Earnings Due to Employment per Year
6. Percent of Poverty Met by TANF-Basic, Food Stamps and Medicaid Benefits/Family of Three
7. Percent of Potential Eligible Population Receiving Food Stamps
8. Percent of Potential Eligible Children, Pregnant Women, and Medically Needy Receiving CPW Medicaid
9. Percent of TANF Cases Required to Sign the TANF Responsibility Agreement who are in Compliance with all requirements in the Responsibility Agreement
10. Number of TANF Applications and Cases Denied Because of Non-compliance with Fingerprint Imaging Eligibility Requirements
11. Number of Food Stamp Applications and Cases Denied Because of Non-compliance with Fingerprint Imaging Eligibility Requirements
12. Percent of Potential TANF Applicants Redirected to Alternative Services
13. Percent of Potential Eligible Population Receiving School Lunch and Breakfast Services
14. Percent of Potential Eligible Population Receiving Summer Food Services
15. Percent of Eligible Centers and Homes Providing Child and Adult Care Food Services
16. Percent of Refugees Requesting Employment Services Who are Placed in Jobs by Contractors

Strategy A: TANF Grants
Provide TANF grants to eligible low-income Texans.
Output Measures: Strategy A
1. Number of TANF-Basic Recipients per Month
2. Number of TANF-UP Recipients per Month
3. Number of TANF-Basic Cases per Month
4. Number of TANF-UP Cases per Month
5. Average Number of TANF Adult Clients per Month whose benefits are state time-limited
6. Average Number of TANF Adult Clients/ Month whose benefits are federally time-limited
7. Average Number of TANF-Basic Cases Denied per Month Due to Child Support Payments
8. Average Number of TANF One-time Payments per Month
9. Average Number of Supplemental Child Support Payments per Month
10. Number of Children receiving a $60 once-a-year (school) grant
11. Average Number of Clients served per Month: Employment Retention and Advancement (ERA) Project
12. Average Number of Clients served per Month: Barriers Projects
13. Average number of TANF One-time Grandparent payments per Month
Efficiency Measures: Strategy A
1. Average Monthly Grant: TANF-Basic
2. Average Monthly Grant: TANF-UP
3. Average Cost per TANF One-time Payment
4. Average Cost per Supplemental Child Support Payment
5. Average Cost per Recipient per Month: ERA Pilot
6. Average Cost per Recipient per Month: Barriers Projects
Input/Explanatory Measures: Strategy A
1. Poverty rate
2. Percent of Federal Poverty Income Guidelines met by maximum TANF Basic Grant for a family of three
3. Median Length of Stay: TANF-Basic
4. Average Number of TANF Adult Clients per Month Whose Benefits are state Time-limited: 12 Months
5. Average Number of TANF Adult Clients per Month Whose Benefits are state Time-limited: 24 Months
6. Average Number of TANF Adult Clients per Month Whose Benefits are state Time-limited: 36 Months
Strategy B: Client Self Support Eligibility
Provide accurate and timely eligibility and issuance services for employment resources, financial assistance, medical benefits, and food stamps through the use of new technology, improved management practices, and implementation of sufficient staff levels.
Output Measures: Strategy B
1. Average Number of Families Determined Eligible Monthly: TANF
2. Average Number of Households Determined Eligible Monthly: Food Stamps
3. Average Number of Cases Determined Eligible Monthly: Children, Pregnant Women, and Medically Needy Program (CPW Medicaid)

4. Average Standardized CSS Case Equivalents per Month
5. Average Number of Cases per Month: TANF
6. Average Number of Cases per Month: Food Stamps
7. Average Number of Cases per Month: Children, Pregnant Women, and Medically Needy Program (CPW Medicaid)
8. Average Number of Recipients per Month: Food Stamps
9. Average Number of Recipients per Month: Children, Pregnant Women, and Medically Needy Program (CPW Medicaid)
10. Number of fraud Investigations Completed
11. Number of Potential TANF Applicants Redirected to Alternative Services
Efficiency Measures: Strategy B
1. Average cost per Eligibility Determination
2. Accuracy Rate of Benefits Issued: TANF
3. Accuracy Rate of Benefits Issued: Food Stamps
4. Average Standardized Case Equivalents per CSS Worker per Month
5. Percent of CSS Eligibility Decisions Completed on Time
6. Average Cost per Benefit Issuance
7. Amount of Food Stamp Sanctions Incurred
8. Amount of Food Stamp Sanctions Imposed
Explanatory/Input Measures: Strategy B
1. Percent of Applications for Benefits Determined to be Eligible
2. Average Dollar Value of Food Stamp Allotment (Family of 3)
3. Total Value of Food Stamps Distributed
4. Percent of Direct Delivery Staff with less than one-year in CSS
5. Percent of Direct Delivery Staff with 1 to 2 years in CSS
6. Percent of Direct Delivery Staff with 2 or more years in CSS

Strategy C: Nutrition Assistance
Increase the availability of federal nutrition assistance by providing reimbursement for nutritious meals, food distribution, and nutrition education.
Output Measures: Strategy C
1. Average Number of Meals Served Through DHS School Lunch and Breakfast Program per Day
2. Average Number of Children Served Meals Through Summer Food Services per Day
3. Average Number of Children and Adults Served Meals Through Child and Adult Care Food Program per Day
4. Number of Centers and Homes Participating in the Child and Adult Care Food Program
Input/Explanatory Measures: Strategy C
1. Dollar Value of Commodities Distributed per Quarter (in millions)
Strategy D: Immigration/Refugee Assistance
Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.
Output Measures: Strategy D
1. Number of Refugees Receiving Contracted Social Services
2. Average Number of Refugees Receiving Financial and Medical Assistance per Month

Strategy E: Disaster Assistance
Provide support service assistance to victims of natural disasters in obtaining federal grant money for emergency needs.
Output Measures: Strategy E
1. Number of Applications Approved
2. Average Dollar Amount of Disaster Assistance Grant

Goal III:

To promote self-sufficiency, safety and long-term independence from family violence for adult victims and their children by providing emergency, support and prevention services.

Objective A
By 2005, increase the number of individuals who live free of family violence.
Outcome Measures
1. Percent increase in the number of victims of family violence who receive shelter and non-residential services
2. Percent of adult victims of family violence requesting shelter who could not receive shelter due to lack of space.
Strategy A: Family Violence Services
Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.
Output Measures: Strategy A
1. Number of Participating Programs/Shelters
2. Number of Women and Children Served
3. Number of Women Receiving Shelter
4. Number of Children Receiving Shelter
5. Number of Women Receiving Non-resident Services
6. Number of Children Receiving Non-resident Services
7. Number of Hotline Calls
8. Number of Batterers Provided Information and Referral
Efficiency Measures: Strategy A
1. DHS Average Cost per Participating Program/Shelter
2. DHS Average Cost per Person Receiving Emergency Shelter and/or Non-resident Services
Input/Explanatory Measures: Strategy A
1. Number of Women Battered in the Last 12 Months
2. Average Length of Stay in Residential Services
3. Average Number of Days of Non-residential Services Provided to Each Person
4. Percent of Family Violence Program Budgets funded by TDHS

Goal IV:

To establish and carry out policies which provide equitable access to agency programs and employment.

Objective A
By 2005, remove barriers to employment and program participation to women, minorities and persons with disabilities, in compliance with state and federal civil rights requirements and agency affirmative action goals.
Outcome Measures
1. Percent of DHS workforce who are women, minorities, or a person with a disability
2. Percent of workforce in the Professional and Officials/Administrators categories represented by women, minorities and persons with disabilities
3. Percentage of managers and staff trained and provided technical assistance on civil rights.
Strategy A: Workforce Diversity
Continued implementation of the Affirmative Action Initiatives to strengthen management accountability in managing a diverse workforce through: training and technical assistance; effective recruitment, retention, development and advancement; and, development of a reliable workforce information system.
Output Measures: Strategy A
1. Number of women, minorities and persons with disabilities in the workforce in the Professional and Officials/Administrators categories
2. Number of managers and staff trained
3. Number of managers and staff provided technical assistance
Strategy B: ADA/504 Compliance
Maintain employment and services provisions of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
Output Measures: Strategy B
1. Number of persons with disabilities employed
2. Number of employees trained in ADA/Section 504
3. Number of contractors notified regarding ADA/Section 504 requirements
4. Number of offices/programs surveyed for ADA compliance
Strategy C: Disabilities Plan
Continue implementation of the Office on Services to Persons with Disabilities Plan to develop community options and improve access to all DHS services.
Output Measures: Strategy C
1. Number of policy and program initiatives adopted to remove barriers to program participation by persons with disabilities

Goal V:

To establish and carry out policies governing purchasing that fosters meaningful and substantive inclusion of historically underutilized businesses (HUBs)

Objective A
By 2005, DHS shall make a good faith effort to increase the contract awards for the purchase of goods and services that the agency expects to make in a fiscal year to historically underutilized businesses. DHS will closely monitor and intensify efforts to meet or exceed the following percentage goals in accordance with the state of Texas disparity study: 52.7% in special trade; 20.0% of professional services; 33% of other services; and 12.6% of commodities.
Outcome Measures
1. Percent of total value of purchasing contracts and subcontracts awarded to HUBs in the procurement categories of special trade construction; professional services; other services commodities
2. Percent achieved of HUB utilization objective in the procurement categories of special trade construction; professional services; other services; commodities.
Strategy A: HUB Utilization
Implement a plan for increasing the use of HUBs in purchasing contracts and subcontracts in the procurement categories of special trade construction; professional services; other services; commodities.
Output Measures: Strategy A
1. Number of certified HUBs awarded contracts and subcontracts
2. Dollar value of certified HUB contracts and subcontracts awarded

Appendices

Appendix A

Descriptions of Agency Planning Process

The Department of Human Services strategic planning process begins in the fall with a strategic outlook briefing for the strategic planning steering committee. This briefing includes an initial assessment of the department's strategic position and its proposed input for the Health and Human Services Commission Coordinated Strategic Plan. The initial planning process incorporates findings from client and stakeholder groups.

Planning staff works with an internal workgroup composed of representatives of all areas of the agency to develop a draft assessment, which is then circulated for review and comment among program areas of the department, the budget division and the strategic planning steering committee. The draft assessment includes any change factors such as demographic trends, programmatic changes, or legislative changes that may affect DHS activities.

The DHS Strategic Plan workgroup and planning staff coordinate and draft any proposed changes to the department's strategic structure, including its goals, objectives and measures, which is submitted to the Legislative Budget Board (LBB) and the Governor's Office of Budget and Planning (GOBP) for approval.

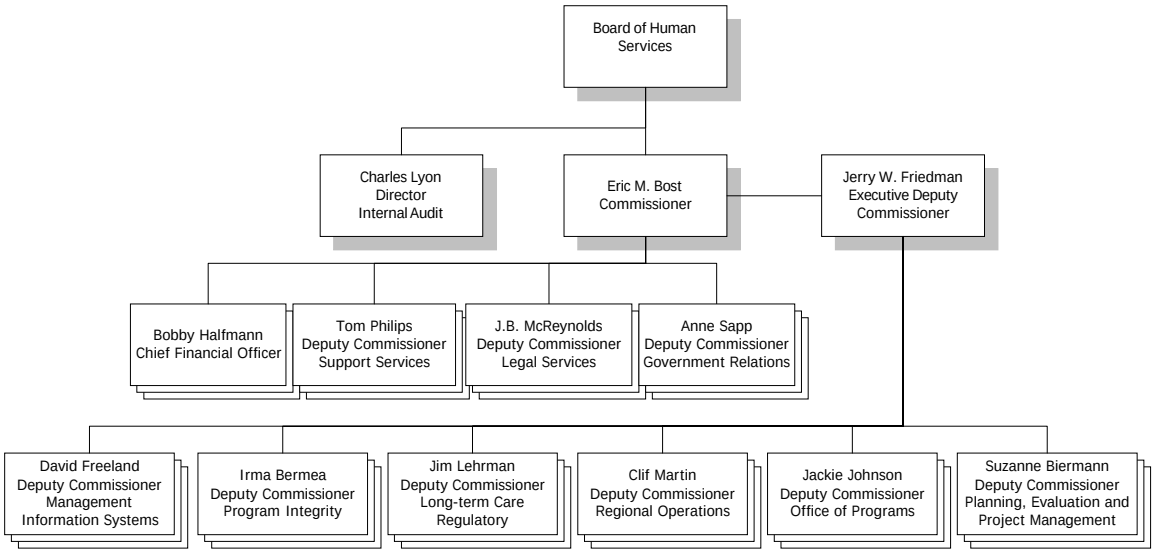
The draft plan is circulated for internal review by the strategic planning steering committee. Following internal review, the draft undergoes external review by advisory groups and the Health and Human Services Commission. Planning staff reviews and incorporates comments to develop a final draft version of the DHS Strategic Plan, which is then presented to the Board of Human Services for review and comment. The plan is also submitted for public comment at this time.

Planning staff and the strategic planning workgroup revise the final draft based on those comments, as well as any changes made to the plan structure in coordination with LBB and GOBP. Planning staff presents a final version of the plan for the Board of Human Services to approve, and then submits the plan to the LBB and GOBP, and designated authorities as indicated in the instructions for preparing and submitting strategic plans.

In addition DHS works closely throughout this process with other agencies in developing coordinated plans for common plan services. These include the Health and Human Services Commission Coordinated Strategic Plan and the Texas Council on Workforce and Economic Competitiveness Workforce Development Strategic Plan. DHS staff participate in the development of these plans as well as ensuring that DHS strategic direction is consistent with and supports achievement of the goals and strategies in the coordinated plans.

Appendix B

Organizational Chart



Appendix C

Five–Year Projections for Outcomes

Most of the outcome measures in the plan actually measure the amount or level of services provided; they are essentially measures of performance. The amount or level of services DHS can provide is directly related to the level of funding the agency receives, thus it is important that determinations first be made regarding the level of funding the agency can anticipate before establishing performance targets. Based on that level of funding realistic expectations will be determined. The required performance measures will be presented once caseload projections are calculated and realistic performance targets established.

Goal I:

To provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.

- Objective A:
  By 2005, ensure 100% of older persons and persons with disabilities, who need and request help, maintain their independence in the least restrictive and most cost effective setting.

Outcome: Objective A	2001	2002	2003	2004	2005
Percent of at-risk population served in nursing facilities					
Percent of at-risk population served in the community					
Percent of LTC clients served in community settings					
Medicaid Nursing Facility bed utilization per 10,000 Aged and Disabled persons in Texas					
Percent of Medicaid clients de-institutionalized or diverted from institutional settings					

♦ Objective B:

All Long Term Care facilities and credentialed health care professionals providing services to individuals in long-term care facilities will be in substantial compliance with state and federal standards or corrective actions/enforcement will be initiated.

Outcome: Objective B	2001	2002	2003	2004	2005
Percent of facilities complying with standards at time of inspection for licensure and/or Medicare/Medicaid certification					
Percent of nursing facilities and ICF-MRs with more than six monitoring visits per year					
Number of substantiated complaint/incident allegations of abuse, neglect, and exploitation in LTC facilities					
Percent of nursing facility administrators with no recent violations					
Percent of nurse aides and medication aides with no recent violations					
Percent of complaints and referrals resulting in disciplinary action: nursing facility administrators					
Percent of complaints and referrals resulting in disciplinary action: nurse aides and medication aides					

Goal II:

To encourage self-sufficiency and long-term independence from public assistance by providing prompt, accurate, comprehensive, and effective support and preventive services to low-income families.

- Objective A:
  By 2005, eligible persons will have access to support services in times of need, including: employment resources, financial assistance, health care, nutritious meals, refugee/immigrant assistance, and disaster assistance.

Outcome: Objective A	2001	2002	2003	2004	2005
Percent of potential eligible population receiving TANF					
Percent of total children in poverty receiving TANF					
Ratio of terminated TANF cases to new TANF cases					
Unduplicated number of TANF adult clients per year who have exhausted their time-limited benefits					
Percent of TANF caretakers who leave TANF rolls because of increased earnings due to employment per year					
Percent of poverty met by TANF-Basic, Food Stamps and Medicaid Benefits/Family of Three					
Percent of potential eligible population receiving Food Stamps					
Percent of potential eligible children, pregnant women, and medically needy receiving CPW Medicaid					
Percent of TANF cases required to sign the TANF Responsibility Agreement who are in compliance with all requirements in the Responsibility Agreement					
Number of TANF applications and cases denied because of non-compliance with fingerprint imaging eligibility requirements					

Outcome: Objective A, cont.	2001	2002	2003	2004	2005
Number of Food Stamp applications and cases denied because of non-compliance with fingerprint imaging eligibility requirements					
Percent of potential TANF applicants redirected to alternative services					
Percent of potential eligible population receiving school lunch and breakfast services					
Percent of potential eligible population receiving summer food services					
Percent of eligible centers and homes providing child and adult care food services					
Percent of refugees requesting employment services who are placed in jobs by contractors					

Goal III:

To promote self-sufficiency, safety and long-term independence from family violence for adult victims and their children by providing emergency, support and profanation services

- Objective A:
  By 2005, increase the number of individuals who live free of domestic violence.

Outcome: Objective A	2001	2002	2003	2004	2005
Percent increase in the number of victims of family violence who receive shelter and non-residential services					
Percent of adult victims of domestic violence requesting shelter who could not receive shelter due to lack of space					

Goal IV

To establish and carry out policies that provide equitable access to agency programs and employment.

- Objective A:
  By 2005, remove barriers to employment and program participation to persons with disabilities, women, and minorities in compliance with state and federal civil rights requirements and agency affirmative action goals.

Outcome: Objective A	2001	2002	2003	2004	2005
Percent of DHS workforce who are women, minorities, or a person with a disability					
Percent of workforce in the Professional and Officials/ Administrators categories represented by women, minorities and persons with disabilities					
Percent of managers and staff trained and provided technical assistance on civil rights					

Goal V:

To establish and carry out policies governing purchasing that fosters meaningful and substantive inclusion of historically underutilized businesses (HUBs)

- Objective A:
  By 2005, DHS shall make a good faith effort to increase the contract awards for the purchase of goods and services that the agency expects to make in a fiscal year to historically underutilized businesses. DHS will closely monitor and intensify efforts to meet or exceed the following percentage goals in accordance with the state of Texas disparity study: 47.0% in special trade; 18.1% of professional services; 33% of other services; and 11.5% of commodities.

Outcome: Objective A	2001	2002	2003	2004	2005
Percent of total value of purchasing contracts and subcontracts awarded to HUBs in the procurement categories of:					
Special trade construction					
Professional services					
Other services					
Commodities					
Percent achieved of HUB utilization objective in the procurement categories of:					
Special trade construction					
Professional services					
Other services					
Commodities					

Appendix D

List of Measure Definitions

The List of Measure Definitions may be found in a supplement to this report. If you did not receive this supplement, but would like to, please contact:

Mail: Office of Planning, Evaluation and Project Management
MC W-616
701 W. 51st Street
P. O. Box 149030
Austin, Texas 78714-9030

Phone (Voice): (512) 438-2888

Phone (TDD): (888) 425-6889

FAX: (512) 451-8199

Appendix E

Report on Customer Service, Compact with Texans and Related Measures

Texas Department of Human Services

April 2000

Introduction

DHS maintains an organizational commitment to provide excellent customer service for all of its customer groups. This commitment is demonstrated through several specific objectives in the DHS Business Plan, as well as numerous activities initiated by various program and organizational areas within the agency. The *Preliminary Results* section of this report summarizes several of the current efforts to address improved customer service, which include customer satisfaction surveys, forums, and ongoing activities related to complaint handling and access to agency staff for information and issue resolution.

Senate Bill 1563, enacted by the 76th legislature, directs state agencies to develop customer service standards and implement customer service assessment plans that specifically address the following seven elements: facilities; staff; communications; Internet sites; complaint-handling process; service timeliness; and printed information. The bill also requires development of a *Compact with Texans*, which outlines the agency's customer service principles, goals and objectives.

Measuring the successes of the Department's customer service initiatives is a challenge that results from the diverse customer groups served by DHS and the broad and diverse programmatic goals met by DHS. Plans for meeting this challenge and working toward a goal of demonstrable customer service results are addressed in this report in the section entitled *Plans for Improvement*

Customer Inventory

In the process of examining and defining our customer base, we identified a wide variety of customers with whom we interact on a regular basis, including both internal and external customers, as well as those receiving products and services directly and those indirectly involved in agency services. Additionally, we identified many stakeholders who have a significant role in the success of the Department's activities. For purposes of this report, however, only direct customers of our services are listed. They are listed according to the strategies in the 2000–01 General Appropriations Act. All programmatic strategies are shown; if a strategy does not have direct customers of those services, a description of those service activities and their indirect customers are provided for informational purposes.

General Appropriations Act Strategies

- A.1.1. Strategy: COMMUNITY CARE SERVICES
  Provide assistance with daily needs in homes and community settings which will enable elderly persons, persons with disabilities, and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization. Additionally, this includes assistance to those who are deaf and/or blind with multiple disabilities so they can live as independently as possible, and expanded parent/family training efforts.

Direct customer groups include:

- Elderly persons meeting eligibility requirements;
- Disabled persons meeting eligibility requirements; and
- Deaf and/or blind Texas residents.

♦ A.1.2. Strategy: IN-HOME & FAMILY SUPPORT
Provide cash subsidy and provide reimbursement for capital improvements, purchase of equipment, and other expenses to enable elderly persons and persons with disabilities to maintain their independence and prevent institutionalization.

Direct customer groups include:

- Persons with physical disabilities age 4 and up, who are Texas residents, living in the community, and who meet program guidelines for income and disability.

♦ A.1.3. Strategy: LTC ELIGIBILITY & SERVICE PLANNING
Provide timely and accurate eligibility determination for all individuals who apply and service planning and referral for all elderly persons and persons with disabilities who qualify for services.

Direct customer groups include:

- Recipients of Title XIX medical care and supportive services.

♦ A.1.4. Strategy: NURSING FACILITY & HOSPICE
Provide payments that will promote quality care for clients with medical problems that require nursing facility or hospice care.

Direct customer groups include:

- Nursing home residents; and
- Recipients of hospice care.

♦ A.1.5. Strategy: INTEGRATED SERVICE DELIVERY SYSTEMS
Promote the development of integrated service delivery systems for aged and disabled clients.

Direct customer groups include:

- Aged and disabled Medicaid recipients residing in Harris County.

♦ A.2.1. Strategy: LONG TERM CARE FACILITY REGULATION
Provide licensing, certification and contract enrollment services to ensure that residential facilities comply with state and federal standards. Additionally, provide licensing, inspection, and certification services to

home and community support services agencies for the protection of clients and to ensure compliance with state and federal standards.

Direct customer groups include:

- Nursing and intermediate care facilities;
- Agencies and providers of home and community support services; and
- Assisted living and adult day care facilities.

Indirect Customer groups include:

- Residents of facilities under DHS regulatory authority; and
- Recipients of home health agency services residing in community based settings.

♦ A.2.2. Strategy: LONG TERM CARE CREDENTIALING
Provide credentialing, training and enforcement services to qualify individuals to provide services to nursing facility residents in compliance with applicable law and regulations.

Direct customer groups include:

- Nursing and intermediate care facilities;
- Agencies and providers of home and community support services; and
- Assisted living and adult day care facilities.

Indirect Customer groups include:

- Residents of facilities under DHS regulatory authority; and
- Recipients of home health agency services residing in community based settings.

♦ B.1.1. Strategy: TANF GRANTS (FORMERLY AFDC)
Provide Temporary Assistance for Needy Families (TANF) Grants to eligible low-income persons in Texas.

Direct customer groups include:

- Recipients of TANF benefits and their children; and
- Volunteer self-sufficiency coaches.

♦ B.1.2. Strategy: CSS ELIGIBILITY & ISSUANCE SERVICES
Provide accurate and timely eligibility and issuance services for employment resources, financial assistance, medical benefits, and food

stamps through the use of new technology, improved management practices, and implementation of sufficient staff levels.

Direct customer groups include:

- Potential and current recipients of TANF benefits and their children;
- Potential and current recipients of Title XIX services;
- Potential and current recipients of Nutrition Assistance;
- Potential and current employers of Texas Works clients.

♦ B.1.3. Strategy: NUTRITION ASSISTANCE
Increase the availability of federal nutrition assistance by providing reimbursement for nutritious meals, food distribution, and nutrition education.

Direct customer groups include:

- Recipients of food stamps benefits;
- Children eligible for free or reduced school lunches;
- Recipients of food from soup kitchens, food pantries and food banks; and
- Recipients of food from child and adult care facilities.

♦ B.1.4. Strategy: REFUGEE ASSISTANCE
Assist refugees and immigrants in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.

Direct customer groups include:

- Individuals and families with refugee status residing in Texas.

♦ B.1.5 Strategy: DISASTER ASSISTANCE
Provide support service assistance to victims of natural disasters in obtaining federal grant money for emergency needs.

Direct customer groups include:

- Recipients (potential, current and former) of Individual and Family Grants;
- Communities in need of food, water or ice in a federally declared disaster area;
- Individuals in need of ongoing or emergency repatriation assistance; and
- General public seeking information regarding disaster assistance.

- C.1.1. Strategy: FAMILY VIOLENCE SERVICES
  Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

  Indirect Customer groups include:

  - Victims of domestic violence and their dependents.

Information Gathering Methods

A review of current and ongoing activities related to customer service, found significant and widespread activity, and a great deal of innovation and initiative from many areas in methodologies used to obtain customer feedback. In addition, however, we found cause for concern in several areas related to our ability to compile, analyze, and report the results of these efforts.

DHS employs a number of methods to obtain customer feedback. These include: stakeholder meetings, focus groups such as recent Nutrition Access discussions, log data from calls to DHS hotline toll-free telephone numbers, interviews with clients specific to customer service provision, survey cards available in regional offices and accessible on the internet as well as detailed customer service surveys. Using this data, DHS is able to compile a representative picture of our efforts to provide quality customer services.

Preliminary Results

While we are unable at this time to provide a chart detailing levels of customer-determined service quality for all of the elements outlined in SB1563, we do have a number of success stories from customer service initiatives. These are described in the following section *Analysis of Process*. Of the many efforts already underway within the agency, most of the customer survey activity focused on obtaining customer feedback related to staff friendliness, timeliness of services, and satisfaction with the quality of services provided. Much of the feedback received from customers has been utilized in service delivery planning and in assessing effectiveness of services and processes.

Since efforts to obtain customer satisfaction input were begun by individual managers before an agency-wide methodology and process were established, we do not have an established baseline data from which to draw statistically valid conclusions. In many cases, the method for obtaining input was not systematically administered, and often data was not collected nor reported for aggregation.

Results were obtained from multiple customer satisfaction surveys from 1998 to the present. An aggregate table of these results is shown below.

CUSTOMER FEEDBACK FROM COURTESY RELATED QUESTIONS

Program Area	% Satisfied Customers	% Customers Suggesting Improvements	Number of Responses	Sample Size Number	Time Period
Long Term Care	96.6%	3.4%	501,542	504,392	FY98 & FY99
Texas Works	94.7%	4.3%	9,297	12,449	One Month Sample

Analysis of Process

The internal assessment process that identified the Department's current strategic position related to customer service surveying provided valuable insight for future implementation of a comprehensive and consistent agency-wide process for effectively assessing customer service. Based on mostly anecdotal findings, DHS does demonstrate initiative and innovation in addressing customer satisfaction in many areas. However, we intend to implement an agency-wide process that will ensure statistically valid, demonstrable results. These results should confirm the anecdotal evidence discovered during the department's initial efforts to measure customer satisfaction. The plan for addressing this effort is explained in section *Plans for Improvement.*

In assessing the Department of Human Services' process for conducting customer satisfaction surveys, we found evidence of strengths and weaknesses related to customer service.

Customer Service strengths include:

- DHS developed its Compact with Texans. The Compact details DHS commitment to customer service. It provides information regarding programmatic service areas, customer access to services and the process for customer complaints. The Compact also outlines the customer service standards and principles that guide all DHS activities. LBB and GOBP approved the DHS Compact with Texans in April 2000.

- DHS executive staff conduct stakeholder meetings that represent a cross section of interests ranging from advisory and advocacy group members to providers, legislative and oversight entity representatives. Additionally, Regional Administrators conduct similar stakeholder and public input meetings that engage staff, community groups and customers in dialogues that address departmental strengths and weaknesses as well as identifying opportunities for improvement. These meetings represent the feedback loop of the department's continuous quality improvement efforts.

- Long Term Care Regulatory conducted a survey of nursing facilities, intensive care facilities, and mental health/mental retardation facilities. Customer feedback questionnaires were distributed to personnel at facilities that had had a visit from an LTC-R surveyor or survey team during a two-month period in the spring of 1999 or a two-month period in the fall of 1999. The combination of quantitative and qualitative data suggests that surveyors, as a whole, do a superior

job. Additionally, each facility receives a customer comment car, which can be mailed to the agency's Information and Referral section.

- DHS Community Care staff conduct client interviews on a scheduled, regular basis to assess how well these services meet client needs. The information gathered from these interviews is used for both service planning and evaluation purposes. The interview addresses such issues as timing of services, amount of services, service quality and provider quality. The interview is part of a continuous customer service assessment and service delivery improvement process.

- The Community Care for the Aged and Disabled program is developing a stand alone database system to allow consumers access to customer satisfaction data collected by the Department about provider services. This information will also be used to inform rule development, policy development and training requirements. Regional contract managers use this information for risk assessment and provider monitoring. Providers use these reports for quality improvement processes. The Community Based Alternatives program will initially pilot this effort. The program will expand to include all CCAD service providers.

- The Civil Rights Division conducts an annual review of at least 20% of DHS Offices to determine whether the Department adheres to civil rights requirements, regulations, and instructions. This review identifies the overall population of the area served by the office being reviewed, including statistics by race/ethnicity and the poverty rates. In addition, the review includes interviews with clients and community, grassroots, and advocate organizations that are in the same city as the office being reviewed. The results of the review are recommendations to management where appropriate and corrective action requirements with specific time frames for completion.

- On-going business processes to provide customer service include an Information and Referral Unit. This unit is a centralized source for receipt of statewide complaints and information and referral services. Further, the Department maintains two toll-free hotlines to resolve problems. One hotline is primarily for TANF and food stamp problems, the other addresses Medicaid questions and concerns. DHS also maintains a fair hearing process to ensure the standard application of federal and state laws concerning financial and medical assistance and food stamps benefits.

- Region 10 (El Paso) implemented and revised a customer service survey instrument called CARE (*Customers Are our Reason to Excel*). The survey tracks such things as greeting, promptness, courteousness, appearance and knowledge on a three point rating system. Customers are asked to rate three key individuals with whom they have direct contact: the Receptionist, the Caseworker/Advisor and the Phone Operator. Weekly reports result in corrective action or commendation for employees. This program will continue and may be expanded to other regions.

- Region 7 (Austin) developed internal and external customer satisfaction surveys accessible via the Internet. This survey established baseline data of customer and employee satisfaction. It identified current strengths and opportunities for improvements. Supervisors and managers will use the information to influence or indicate improvements or corrective actions. The next period of data collection will serve as the first comparison data set to identify discernable service delivery improvements.

- Regions 3 and 7 (Arlington and Austin) implemented toll-free Compliment Phone Lines for internal and external customers to let us know when they are satisfied with services or when someone has provided extraordinary customer service. Region 4 (Tyler) implemented a toll-free compliment and complaint line for Texas Works. This will be expanded to include Long Term Care programs as well. Region 6 (Houston) implemented a Customer Assistance line to answer general Medicaid eligibility questions by agency staff, community social service organizations, other agencies and the general public, thereby allowing eligibility staff to focus on applicants and active clients.

- Region 3 (Arlington) established a customer service unit to address the concerns of Texas Works customers and to monitor the quality of services provided by field units and Texas Works staff. A unique outcome of this initiative is the Starfish program. The Starfish program recognizes the accomplishments of DHS staff members who provide excellent customer service. The basis for this recognition is information gathered from a recently implemented compliment line, a toll-free telephone number widely distributed at DHS offices. Staff recognition includes a letter from the regional director, a Starfish pin signifying excellent customer service and a copy of the Starfish story.

- In conjunction with the United States Department of Agriculture, DHS held listening sessions across the state, in both metropolitan and rural areas, to receive input from customers on issues related to access to nutrition programs. Overall response was very positive. The smaller, rural offices, which represent 60% of DHS offices, were praised for their service and empathy towards the customers. Findings from listening sessions suggest that the consistency of having one caseworker over time contributes to excellent customer service.

Some systemic weaknesses were identified in the agency's analysis of its customer service efforts. The department has begun to address these issues as outlined in the concluding section of this report.

- DHS customer service surveys have not followed a statewide uniform methodology to date. Of twenty-four survey instruments, eighteen were administered region-wide and six were administered by local offices. Most of the survey instruments related to either the Texas Works program or Long Term Care. Only one survey covered the Department generally. Unfortunately, these surveys did not address all of the categories required by Senate Bill 1563. Rather, since there was not an agency-wide methodology, each of these surveys addresses

some of the components of the required categories depending on the perceived needs of those administering the surveys.

- Processes and standards are not consistent across the agency. One concern with the gathered information was the absence of a statistically valid sampling methodology. Many of the surveys followed a "convenience sampling" method, meaning that survey forms were available to whomever came into the office on a certain day or that survey forms were mailed to customers chosen by supervisors rather than by random selection.

- A reliable process for analysis and reporting of feedback does not exist. Many of the customer satisfaction input efforts were initiated in local offices, and were intended to identify issues for immediate resolution in that office; thus, statistics were not kept about the customers surveyed, nor the results. In some instances survey results were used to develop action plans or prescribe corrective actions, but in other cases it was not clear how survey information was used to improve customer satisfaction results. Many of the surveys were ongoing and specific timeframes were not included in survey design methodologies. A second concern was the lack of a standard feedback loop from all of these activities to a central reporting entity, which is necessary in order to utilize this data to inform or support related decision-making processes.

Plans for Improvement

The Department will improve upon these findings with a phased approach to implement consistent and statistically valid customer service methods agency-wide during 2000–2001.

Phase I of this process will be conducted from April to August 2000. During that time the following steps will be implemented in order to establish immediate action on the most critical needs:

- Establishment of a single toll-free line to ease access by customers;

- Development of standards for toll-free lines to improve consistency, efficiency, and ensure ease of use;

- Development of interim customer satisfaction survey and process that will address how to obtain customer feedback on all items required in SB1563;

- Development of interim tracking, analysis and reporting process for customer input in order to establish a baseline of statistically valid data on customer satisfaction performance.

Phase II of this process, to be conducted from September 2000 to March 2001, includes the following:

- Conduct the interim customer satisfaction survey in order to obtain customer feedback on all items required in SB1563;
- Collect and analyze the results; and
- Develop and approve an agency customer service plan (September 2000 to February 2001). This plan will include:
  - A comprehensive definition of customer service for DHS;
  - Agency-wide methods and procedures for gathering and analyzing agency-wide customer input, including a cost-benefit analysis;
  - Specific plans for improvement of agency processes and procedures based on previous customer service performance and issues, evaluation of interim processes, and initial results of interim customer satisfaction survey; and
  - Priorities for agency customer service improvement actions.

Implementation of the DHS Customer Service Plan will occur in *Phase III* from April to June 2001.

In conclusion, we determined from the input we did receive that DHS staff provide excellent services and that customers are generally satisfied. Input received from customers for potential improvements and areas of frustration are being addressed. We also feel that we are doing a good job of analyzing customer satisfaction and programmatic outcomes through specific evaluation studies and improved performance planning and reporting. Nevertheless, there is room for improvement, especially in the areas of consistent methodology, and standardized processes for collecting, analyzing and reporting results of customer service activities. DHS will continue to support innovation in the development of customer satisfaction measures and tools, while coordinating additional efforts on a statewide basis.

Customer Relations Representative

Ms. Anne Sapp
Deputy Commissioner for Government Relations
MC W-231
701 W. 51st Street
P.O. Box 149030
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Compact with Texans

The Texas Department of Human Services (DHS) is committed to providing outstanding customer service to every Texan. This *Compact with Texans* sets forth our guiding principles for serving you, and outlines how to file complaints, and how we handle inquiries. We also have included the service delivery standards that you can expect us to meet.

Program Descriptions

DHS is responsible for state and federal programs that help low-income families and children, people who are elderly and disabled, refugees, and victims of family violence. Our programs include financial, health, nutrition, and human services that promote independence and personal responsibility and encourage self-sufficiency while sustaining families and individuals in need.

The following is an overview of our services:

- Our financial services include temporary cash assistance, food stamps, refugee assistance, special nutrition services, and assistance during times of presidentially declared disasters. We also refer people to the Texas Workforce Commission for employment training and job-seeking assistance, as well as subsidized child daycare services;

- We determine eligibility for Medicaid health care services, including outpatient and inpatient medical care, prescription drugs, and 24-hour medical care for people who are elderly or disabled in nursing facilities and other institutions;

- Services also are provided to people who are elderly or disabled who live in their own homes or in community based settings. These services, which are designed to delay or avoid institutionalization, include help with daily activities such as preparing meals, general housekeeping, bathing, and medically related services;

- Family violence services are available to victims of domestic violence and their children. They include emergency shelter and other support, such as counseling and referrals; and

- The agency also regulates providers of Long Term Care services to people who are elderly or disabled. These services include licensing and certifying facilities, services, and personnel, as well as investigating complaints of abuse and neglect.

How to Access Services

DHS offices are located in almost every Texas county. Check your local phone book for the office nearest you. If you want information about which offices provide which services, you may access our web site at http://www.dhs.state.tx.us. If your phone directory has no listing for

the Texas Department of Human Services, or if you do not have access to the Internet, call (512) 438-3280 (Voice) or (888) 425-6889 (TDD) for assistance.

Customer Service Principles

We are committed to providing quality services in a professional and ethical manner. We do so by following these principles:

- We are committed to treating each of our clients with courtesy and respect. We will treat all people as inherently valuable members of society, with their own strengths, abilities, needs, and wants;

- We are committed to making access to our programs and services as equitable and convenient as possible. We will continuously evaluate where our offices are located, pursue collocation with other health and human service agencies, and ensure our facilities are accessible to people with disabilities. We are committed to providing prompt services. We will work to reduce the time you wait for scheduled and walk-in appointments, application processing, complaint resolution, and responses to questions, concerns, and information requests;

- We are committed to identifying and implementing new and creative approaches to improve and expand our services. We will pursue cost-effective alternatives that will increase clients' choices and independence;

- We are committed to operating an agency that changes to meet clients' needs;

- We are committed to providing timely, accurate, accessible, and easily understandable information about our programs and services. We will use a variety of methods to disseminate information, including public hearings, publications, and an up-to-date Internet site. We will use these same methods to obtain client feedback on needs and improvements; and

- We are committed to the sound management of programs and funds. We will be accountable to the public, and will strive to increase our efficiency and productivity.

Customer Service Standards

- Our offices will be easily identifiable, clean, accessible, and in compliance with the Americans with Disabilities Act;

- If you call one of our offices during regular working hours (Monday through Friday, 8 a.m. to 5 p.m.), you will have the option to speak with a DHS employee or be provided with a phone number. If you choose to leave a message, you can expect a return call no later than the next regular workday;

- Our employees will be friendly, professional, knowledgeable, and courteous both in person and on the phone. They will identify themselves by name, and will wear a picture identification badge;

- If you have an appointment, you can expect to be seen in a timely manner, as established by each office;

- If you are applying for services, you can expect your application to be processed accurately, in a timely manner, and in compliance with state and federal regulations;

- If you need a language interpreter or have other special needs, we will do our best to accommodate your needs;

- You can expect information about our programs, services, and other functions to be available in a variety of formats, including print and electronic formats. All open records requests will be handled in accordance with the law; and

- We will maintain an up-to-date, accurate, and easy-to-use Internet site, which will include information about office locations, service descriptions, and an e-mail mailbox for questions and comments.

Procedures for Handling Public Complaints

General Complaints

If you have a general complaint, you may contact your local office or the centralized Information and Referral (I&R) Unit located in Austin.

To file a general complaint, contact the I&R Unit through one of the following methods:

Mail: MC W-231
701 W. 51st Street
P. O. Box 149030
Austin, TX 78714-9030

Phone (Voice): (512) 438-3280

Phone (TDD): (888) 425-6889

Fax: (512) 438-5538

E-mail: mail@dhs.state.tx.us

Specific Complaints

If you have a specific complaint about:

- Services you received in a local DHS office, you may call the regional headquarters office that oversees the office you are complaining about. If you do not know the name and phone number of the appropriate person to contact in at the headquarters, you may call the Office of the Deputy Commissioner for Regional Operations at state headquarters in Austin at (512) 438-4804 (Voice).

- Rude or unfair treatment or discrimination based on your race, color, religion, national origin, sex, age, political beliefs, or disability, you may call the Civil Rights office in the region in which you live or the Civil Rights Division at state headquarters in Austin at (512) 438-4313 (Voice) or (512) 438-2960 (TDD).

- Care received in a nursing facility or other type of Long Term Care facility or institution, you may call one of our toll-free numbers for these types of complaints. For complaints about home health agencies, call (800) 228-1570 (Voice) or (888) 425-6889 (TDD). For all other facility complaints, call (800) 458-9858 (Voice) or (512) 438-4023 (TDD).

- To report someone who is fraudulently receiving DHS benefits or services, you may call our toll-free fraud hotline at (800) 436-6184 (Voice) or (888) 425-6889 (TDD).

After you have filed a complaint, we will provide you with regular status reports until it's resolved, unless notifying you could potentially jeopardize an official investigation.

Handling Public Inquiries

You may submit questions by phone, fax, or in writing to the I&R Unit located in Austin. The address and phone numbers are provided above in the *General Complaints* section. While this unit has primary responsibility for handling inquires; other agency employees may also receive and respond to requests for information.

I&R staff handle most requests within two to three working days, depending upon the nature of the request. If there is a delay in responding, you will receive an interim response that explains the delay and gives you a date by which you can expect an official answer.

Customer Service Representative

We want to hear your ideas about how we can improve customer service. The agency's official customer service representative is:

Anne Sapp, Deputy Commissioner for Government Relations.

She may be contacted at the following:

Mail: Anne Sapp
Deputy Commissioner for Government Relations
MC W-231
701 W. 51st Street
P. O. Box 149030
Austin, Texas 78714-9030

Phone (Voice): (512) 438-3273

Phone (TDD): (888) 425-6889

FAX: (512) 438-5538

E-mail: mail@dhs.state.tx.us

Appendix F

Survey of Organizational Excellence

Results from the survey indicate that overall agency scores were comparable to the average scores of the fifteen large agencies that are members of the State Agency Coordinating Committee (SACC). Many construct areas were viewed more positively than negatively by employees and there were no significant sources of concern identified for the agency by the survey administrators. The following table shows the agency's score for each construct.

DIMENSIONS	CONSTRUCTS	DHS 1999 SCORES
Team Perceptions	Supervisor Effectiveness	269
	Fairness	277
	Team Effectiveness	295
	Job Satisfaction	276
	Diversity	301
Physical Work Settings/ Accommodations	Fair Pay	282
	Adequacy of Physical Environment	304
	Benefits	364
	Employment Development	314
Organizational Features	Change Oriented	286
	Goal Oriented	321
	Holographic (Consistency)	287
	Strategic Orientation	368
	Quality	342
Communication Patterns	Internal Communication	295
	Availability of Information	298
	External Communication	334
Personal Demands	Time and Stress Management	325
	Burnout	292
	Empowerment	273

Employees were most satisfied with constructs associated with the quality of the organizational features, with the agency's focus on strategic orientation scoring the highest. The next highest dimension was the quality of the physical work setting/accommodations, with employee benefits ranking the highest. The effectiveness of the agency's communication patterns was next, with external communications ranking highest. Constructs relating to the degree to which employees internalize stress and other personal demands were the next highest, with employees reporting the least problems with stress. In the area of team perceptions, the agency's focus on diversity was rated highest while supervisor effectiveness was rated lowest.

Results of the survey were divided by region and program area. Each regional administrator and deputy director were provided with specific information about the performance of their region/area and will use the information to develop strategies for improving their areas as indicated by survey results.

Appendix G

Information Resources Strategic Plan

The Information Resources Strategic Plan may be found in a supplement to this report. If you did not receive this supplement, but would like to, please contact:

Mail: Office of Planning, Evaluation and Project Management
MC W-616
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Austin, Texas 78714-9030

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Phone (TDD): (888) 425-6889

FAX: (512) 451-8199

Appendix H

Linkage of DHS activities to HHSC Priorities

The priorities established by the Health and Human Services Commission set the strategic direction for the implementation of Department of Human Services' activities. Working together, the health and human services agencies developed strategic priorities to guide the agencies' planning efforts. In addition to the specific priorities, HHS adopted two guiding principles to consider in addressing priorities. The guiding principles are: 1) to remove barriers to meeting service needs through administrative streamlining and 2) to improve interagency collaboration, communication and outreach at the local level.

Listed below are the HHSC priorities with the activities conducted by DHS to further their success. DHS does not conduct activities that support all HHSC priorities. In most instances, however, DHS activities are drawn from the agency's Business Plan to highlight the linkages between DHS activity and HHSC priorities.

Priority	DHS Actions Supporting this Strategic Priority
Current Interagency Projects	
Improve community-based transportation services.	Participate in HHSC-led activities and workgroup in support of planning for a long-range social services transportation system, and legislation or rules to require support of coordinated and cost-effective solutions. <u>DHS-specific initiatives per Business Plan:</u> Local Innovation Projects: ♦ City Link Transit–Evening Services, Abilene: provision of reliable evening transportation service to facilitate employment or job training for low-income individuals ♦ City Link Transit–Special Route Services, Abilene: provision of reliable transportation to work and day care for low-income individuals ♦ Rolling Plains Management, rural areas in region 2/9: provision of transportation to work and day care for low-income families ♦ The Connection Transit Service Extension, Dallas-area counties: provision of curb to curb transportation on a fixed schedule to accommodate non-traditional work hours for low-income individuals ♦ In addition, several other Local Innovation Projects in communities across the state provide transportation assistance as one of many services provided in a comprehensive program.

Priority	DHS Actions Supporting this Strategic Priority
Improve availability of information about services and continue development of the statewide information and referral (I & R) system.	Participate in HHSC-led activities and workgroup for a statewide I&R network, by providing necessary information for the system, not duplicating systems, and making appropriate referrals to the system. <u>DHS-specific activities per Business Plan</u>: ♦ The TIERS project includes specific improvements and automation related to improved referral processes. ♦ Enhance the public's awareness and understanding of agency programs and individuals we serve, ♦ Enable consumers to make informed decisions by improving quality of, and access to, information: • Quality Reporting System, • Employee Misconduct Registry, • Specific outreach efforts (Food Stamps, SFSP) ♦ Evaluate and implement improvements to agency Information and Referral and hotline numbers. ♦ Improve reference materials and procedures for referrals ♦ Develop and maintain an active role in the community to enhance communication and information exchange.

Priority	DHS Actions Supporting this Strategic Priority
Improve eligibility and enrollment processes for agency clients and clients [TIERS and SB 374]	DHS has the lead with the TIERS project, which is intended to improve Texans' access to health and human services by replacing the current automation eligibility determination system, improve business efficiencies and effectiveness, and establish the foundation for a comprehensive integrated eligibility determination process. The TIERS project specifically addresses integration of eligibility rules, processes and centralized data. DHS-specific activities per Business Plan: ♦ Improve access to services—including flexible office hours, co-location of services, and enhancing access to other community services in DHS offices. ♦ Integrate and streamline policy and processes to minimize administrative barriers and to improve efficiencies for clients and providers. ♦ Develop service improvements that enhance program performance, and client and stakeholder satisfaction. ♦ Successfully implement projects and initiatives relating to service improvements, operational cost-effectiveness, and state/federal mandates. ♦ Pursue alternative contracting for enrolling providers for community care.
Expand health insurance for children.	Participate in the implementation of the Children's Health Insurance Program project. DHS-specific activities per Business Plan: ♦ Successfully implement projects and initiatives relating to service improvements, operational cost-effectiveness, and state/federal mandates.

Priority	DHS Actions Supporting this Strategic Priority
Improve coordination of children's special initiatives at the community level.	Participate in interagency activities to address a continuum of coordinated services for families of children and adolescents with complex needs, including CRCG, Children's Policy Team and prevention services for children. DHS-specific activities per Business Plan: ♦ Develop service improvements that enhance program performance, and client and stakeholder satisfaction. ♦ Improve agency's capacity to connect potential clients to preventive services—including grants and contracts for preventive services such as the Teen Smart project to prevent teen pregnancy. ♦ Establish public-private, interagency, federal, and local partnerships to collaborate in developing innovative ways to better serve our clients—including such activities as Neighborhood center integrated services. (3.1) ♦ Develop and maintain an active role in the community to enhance communication and information exchange. ♦ Local Innovation Projects: • Tutoring Intervention Program for Students (TIPS), Cochran County: provision of homework partners, after school tutoring, internet training to at-risk students age 12–21 • Tandem Prenatal and Parenting Program, Austin: provision of case management and child care to low-income teen mothers to reduce incidence of repeat pregnancies among teens • Lutheran Social Services of the South, Inc., Bexar County: provision of mentoring and support activities to girls age 11–14 who are members of TANF households. Single mothers will also receive services.
Expand the availability of supported employment opportunities.	N/A for DHS

Priority	DHS Actions Supporting this Strategic Priority
Support "successful aging" through development of an interagency policy framework.	Participate in the Aging Texas Well project, the Interagency Policy Council, and other interagency and collaborative efforts to coordinate information and address the issues and needs of current and future older Texans. Potential special initiatives (LAR): ♦ Eliminate LTC interest lists ♦ Case Management for CCAD ♦ Medically needy for A&D ♦ Increasing funding for Alzheimer's program ♦ Prescription drugs for individual's in 1929b DHS-specific initiatives per Business Plan: ♦ Maximize opportunities for individuals to function independently and participate in community life. ♦ Strengthen our focus on quality of care in Long Term Care services. ♦ Integrate and streamline policy and processes to minimize administrative barriers and to improve efficiencies for clients and providers, especially streamlining the Medicaid application process. ♦ Improve the agency's capacity to anticipate and address changes in human service needs and policy direction. ♦ Improve the agency's capacity to connect potential clients to preventive services—including interagency efforts related to services for seniors with substance abuse. ♦ Develop and implement new ways to providing preventive services—including nursing home resident immunizations. ♦ Enable consumers to make informed decisions by improving quality of, and access to, information—including nutrition education, the Quality Reporting System, and Employee Misconduct Registry.

Priority	DHS Actions Supporting this Strategic Priority
Expand opportunities for community-based services in compliance with Executive Order 99-2. (and Olmstead)	Participate in the Promoting Independence planning and implementation related to the design and delivery of a continuum of long-term services to promote independence for persons with disabilities. Additionally, DHS is participating with HHSC in implementing the Project Choice grant to aid in transitioning nursing facility residents to living in the community, and through presumptive eligibility to accelerate entry into community based services by individuals preferring to avoid or delay nursing facility residence. Related workgroups include: ♦ Promoting Independence Advisory Board ♦ long-term Services Coordination Team ♦ Children with Severe Disabilities Workgroup ♦ TDHS/TDMHMR Long Term Care Workgroup ♦ ICF-MR Workgroup ♦ Advisory Committee on Waiver Programs for Children with Disabilities or Special Health Care Needs ♦ Functional Assessment Advisory Group ♦ Vouchers Workgroup ♦ Project CHOICE Advisory Committee ♦ Children's LTC Policy Council <u>Potential special initiatives (LAR)</u>: ♦ Eliminate LTC interest lists ♦ Presumptive eligibility for CBA/PHC ♦ Prescription drugs for individuals in 1929b ♦ Case management for CCAD ♦ Reduce 14-day service break standard in PHC ♦ Increase funding for Alzheimer's program ♦ Increase salaries for CC attendants ♦ Provide nurse case managers for medical waiver programs ♦ Medically needy for A&D

Priority	DHS Actions Supporting this Strategic Priority
Expand opportunities for community-based services in compliance with Executive Order 99-2. (and Olmstead), continued.	DHS-specific initiatives per Business Plan: ♦ Improve access to services ♦ Integrate and streamline policy and processes to minimize administrative barriers and to improve efficiencies for clients and providers—including electronic commerce, streamlining the Medicaid application process, and standardizing processes for similar services across agencies. ♦ Maximize opportunities for individuals to function independently and participate in community life—including the Lifeline program, Voucher payments for attendant care, the Alzheimer's project, ♦ Strengthen our focus on quality of care in Long Term Care services. ♦ Improve the agency's capacity to anticipate and address changes in human service needs and policy direction. ♦ Enable consumers to make informed decisions by improving quality of, and access to, information—including nutrition education, the Quality Reporting System, and Employee Misconduct Registry.

New Strategic Priorities	
Enhance the conditions that support good health and self-sufficiency in the South Texas colonias.	Participate with HHSC to develop a uniform plan that ensures coordination among HHS agencies so that their services are accessible to residents of the Texas Mexico border *colonias*. Work in partnership with *colonia* residents, local community centers, and other state and local programs. Potential special initiatives (LAR): ♦ Eliminate language barriers DHS-specific activities per Business Plan: ♦ Local Innovation Project: • Dress for Success, 13 counties of Region 11: provide clothing and accessories for employment interviews, employment, and retained employment to low-income individuals with barriers to employment.
Implement business process improvements across. HHS agencies through optimal use of new technology and standardization wherever possible.	Participate in efforts to create efficiencies in administration of programs and improve the quality of administrative systems. Potential special initiatives (LAR): ♦ Integrated Administrative Systems-Phase 2 ♦ Auto infrastructure improvements ♦ Data warehousing and reporting resources ♦ Eliminate language barriers ♦ Improve contract management ♦ Video-conferencing and distance learning DHS special initiatives per Business Plan: ♦ Successfully manage and complete mission-critical projects: TIERS, EBT, Asset Management Re-engineering, Integrated Administrative Systems. ♦ Participate in statewide EBT Task Force efforts. ♦ Participate with HHSC in examining feasibility of consolidating administrative services at the regional level and preparing annual business plans. ♦ Participate with HHSC and others in developing improved risk analysis and contract management processes. ♦ Establish an integrated planning and reporting process.

Priority	Outcomes
Develop and implement a long-range interagency project on how to more effectively prevent delinquency and conduct disorders in children and adolescents.	N/A for DHS
Ongoing Priorities without Interagency Project	
Expand the availability of respite services.	Participate in interagency efforts that address supports for families and other caregivers to avoid burnout and other stresses that lead to institutionalization or other more expensive services funded by the state.
Respond to the increasing number of persons with diabetes by increasing public and policy-maker awareness and other appropriate policy changes.	N/A for DHS

Priority	Outcomes
Improve transition services for children and young adults to overcome service delivery system fragmentation. **As agency clients who become ineligible or no longer require services from one program, they will be successfully transitioned into independence or make a connection with other programs that meet their needs. School kids will receive the services they need through improved relationships with school districts and HHS agencies.**	Participate in interagency activities that address planning and coordination of improvements in service delivery systems. ♦ Long-term Services Coordination Team ♦ Children with Severe Disabilities Workgroup ♦ TDHS/TCMHMR Long Term Care Workgroup ♦ ICF/MR Workgroup ♦ Advisory Committee on Waiver Programs for Children with Disabilities or Special Health Care Needs ♦ Functional Assessment Advisory Group <u>Potential special initiatives (LAR):</u> ♦ Expand Deaf/Blind waiver to include children <u>DHS-specific activities per Business Plan:</u> ♦ Improve access to services. ♦ Integrate and streamline policy and process to minimize administrative barriers and to improve efficiencies for clients and providers—including a pilot with HHSC to consolidate Medicaid waiver programs and implement permanency planning for children in waiver programs. ♦ Develop service improvements that enhance program performance, and client and stakeholder satisfaction.

Appendix I

Statutory References by Goal

Goal I:

To provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.

Federal Statutory References

Titles XIX and XX of the Social Security Act, as amended:
Social Security Act, Section 1115 (42 U.S.C. §1315)
Social Security Act, Section 1819 (42 U.S.C. §1395i–3)
Social Security Act, Section 1864 (42 U.S.C. §1395aa)
Social Security Act, Section 1902 (42 U.S.C. §1396a)
Social Security Act, Section 1905 (42 U.S.C. §1396d)
Social Security Act, Section 1910 (42 U.S.C. §1396i)
Social Security Act, Section 1913 (42 U.S.C. §1396l)
Social Security Act, Section 1915 (c) (42 U.S.C. §1396n)
Social Security Act, Section 1919 (42 U.S.C. §1396r)
Social Security Act, Section 1929(b) (42 U.S.C. §1396t)
Social Security Act, Sections 2001–2006 (42 U.S.C. §1397 through 1397e)

42 Code of Federal Regulations, Parts 431, 442, 483, 488
42 CFR 440.130(d)
42 CFR 440.170(f)
45 CFR 440.130(d)
45 CFR Part 95
45 CFR Part 96

Consolidated Omnibus Budget Reconciliation Act (COBRA) 1985, Sect. 9505
Omnibus Budget Reconciliation Act (OBRA) 1987

State Statutory References

General Appropriations Act (1999, 76th Legislature)

Human Resources Code, Title II, Chapters 22, 23, 32
Human Resources Code, Title VI

25 Texas Administrative Code (TAC) 306
40 TAC 18
40 TAC 19
40 TAC 94

40 TAC 27
40 TAC 90
40 TAC 92
40 TAC 94
40 TAC 95
40 TAC 96
40 TAC 98

Texas Health and Safety Code, Titles II and IV

Goal II:

To provide prompt, accurate, comprehensive, and effective support and preventive services to low-income families that encourage self-sufficiency and long-term independence from public assistance.

Federal Statutory References

Titles IV-A, IV-D, IV-F, XI, XIX, and XX of the Social Security Act, as amended.

Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104–193)

Balanced Budget Act of 1997 (P.L. 105–33)

Texas Disaster Act of 1975

The Food Stamp Act of 1977, as amended

Immigration Reform and Control Act of 1986, Section 204, (P.L. 99–603)

Mentally Ill Returnees (P.L. 86–571) and Assignment of Emergency Preparedness Responsibilities (Executive Order #12656, November 18, 1988)

Disaster Relief and Emergency Assistance Amendments of 1988 (P.L. 100–707)

Temporary Emergency Food Act of 1983: Food, Agriculture, Conservation, and Trade Act of 1990 (Farm Bill)

Hunger Prevention Act, (P.L. 100–43)

National School Lunch Act of 1946, as amended

Child Nutrition Act of 1966, as amended

Agricultural Act of 1949

Goal II:

To provide prompt, accurate, comprehensive, and effective support and preventive services to low-income families that encourage self-sufficiency and long-term independence from public assistance.

State Statutory References

Texas Education Code chapters 21 and 52

Texas Government Code chapters 132, 325, 330, 403, 411, 466, 501, 502, 551, 531, 532, 2001, 2107, 2151, and 2308

Texas Health and Safety Code chapters 32, 33, 85, 102, 104, 533

Texas Human Resources Code Titles II, VI, VII, VIII and IX

Texas Labor Code chapters 204, 207 and 301

Texas Tax Code chapter 332

Texas Transportation Code chapters 451, 452, and 453

Goal III:

To protect adult victims and their children from family violence.

Federal Statutory References

Social Security Act, Title XX (42 USDA S 1396 and 1397)

Child Abuse Prevention and Treatment Act (42 USCA s 5101 et.seq.)

State Statutory References

Texas Family Code, Title II

Texas Human Resources Code Title II

Goal IV:

To establish and carry out policies that provide equitable access to agency programs and employment.

Federal Statutory References

Titles IV-A, IV-F and XIX of the Social Security Act, as amended

Americans with Disabilities Act of 1990

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794)

State Statutory References

Appropriations Act (1999 76th Legislature)

Texas Family Code chapters 11, 17, 18, 34, and 54

Texas Government Code 325, 330, 532, 551, 2001, and 2151

Texas Human Resources Code Titles II, VI, VII, VIII and IX

Goal V:

To establish and carry out policies governing purchasing that foster meaningful and substantive inclusion of historically underutilized businesses (HUBs).

Federal Statutory References

None

State Statutory References

Appropriations Act (1999 76th Legislature)

Texas Government Code chapter 2161

Appendix J

Position Statement: Services to Persons with Disabilities

As the state Medicaid agency,[32] the Texas Department of Human Services (DHS) is the primary provider of basic support services to persons with disabilities in Texas. These services meet critical, life-sustaining needs and as such, it is absolutely essential that these services are available, appropriate and effective.

With the passage of the Americans with Disabilities Act (ADA) persons with disabilities now have the guarantee of equal rights as citizens of this country; however, this guarantee often rings hollow without the support services necessary to exercise these newly won rights.

Time and time again, it has been found that persons with disabilities of all ages overwhelmingly prefer to live and receive services in the community rather than in institutions. Segregation is a form of discrimination, which can no longer be imposed on persons with disabilities. The creation of viable, integrated community living options for persons with disabilities has emerged as a national priority in the field of human services. The nursing home reforms contained in OBRA-87, which prohibit inappropriate placement of people with developmental disabilities in nursing facilities, and the continuing efforts to reform Medicaid to allow for the provision of appropriate community-based services are indicative of this trend.

Within Texas the trend has been clearly established over the past fifteen years. The closure of the ICF-II level of care within nursing facilities, the creation of the Primary Home Care, Client-Managed Attendant Care, In-home and Family Support, and Medicaid waiver programs are but a few examples.

This statement will guide DHS as it plans and develops new policies, funding and programs for persons with disabilities in the coming decade.

It is the provision of DHS that people of all ages with disabilities can live in the community when provided appropriate services and supports. To this end DHS will take all appropriate and necessary programmatic and administrative actions and submit Legislative Appropriation Requests, which support these actions to ensure the development of a system of community-based services and supports for persons with disabilities which:

- Is based on individual functional need;
- Serves persons of all ages with disabilities and provides support to the families of persons with disabilities where appropriate;
- Offers the consumer opportunities for choice and control;

[32] H.B. 7, First Called Session, 72nd Texas Legislature, provided for the transfer of this responsibility to the Health and Human Services Commission on January 1, 1993.

- Recognizes and allows for changing needs and circumstances over time;
- Avoids promoting dependence and creates incentives to self-reliance and productivity including options for cost sharing;
- Coordinates a range of services, supports, and other assistance both public and private; and
- Is available throughout the state, in both urban and rural settings.

DHS commits itself to the development of specific plans and policies whereby this philosophy will be implemented in all organizational areas within the department. Additionally, DHS will work with other state agencies, consumer and advocate groups, service providers and the Texas Legislature to ensure that this vision becomes a reality in Texas and to educate and inform itself and the public regarding this philosophy.

Appendix K

Proposed Initiatives for FY 2002–03 Legislative Appropriations Request

PLEASE NOTE: THIS LISTING OF INITIATIVES IS NOT IN PRIORITY ORDER.

Community Care Services
- Funding to Eliminate or Reduce Long Term Care Interest Lists
- Increase Salaries for Community Care Attendants
- Presumptive Eligibility for CBA/PHC
- Funding to Provide Prescription Drugs for Individuals in 1929b
- Reduce 14-day Service Break Standard in Primary Home Care

Community Care/Long Term Care Eligibility & Service Planning
- CCAD Case Management and CCAD Workload Improvement

Long Term Care Eligibility & Service Planning
- Medically Needy for Aged and Disabled
- Increased Funding for the Alzheimer's Program
- Provide Nurse Case Managers for Medical Waiver Programs

Nursing Facility & Hospice Payments
- Increase Salaries for Nursing Facility Nurse Aides
- Claims Management System Improvements
- MDS-based Payment for Medicaid LTC Residents

Deaf-Blind Services
- Expand the Deaf-Blind Waiver to Include Children

TANF Grants/CSS Eligibility & Issuance Services
- Funding for Innovation Projects/Employment Retention and Advancement Pilot

Long Term Care Credentialing
- Integrated Automation Project

Family Violence Services
- Family Violence Services Expansion

Long Term Care Facility Regulation/Home and Community Support Licensing
- Enhanced Automation for HCSSA and Aged & Disabled (Complaints)

- Additional Long Term Care Regulatory and Credentialing Staff
- Expand HCSSA Staff to Survey Branches and Do On-site Investigations

Central Administration
- Integrated Administrative Systems–Phase 2
- Eliminate Language Barriers
- Improve Contract Management

Information Resources
- Automation Infrastructure Improvements
- Data Warehouse and Reporting Resources
- Videoconferencing/Distance Learning

Employee Compensation
- Making Salaries Competitive to Attract and Retain Qualified Staff

Community Care Services

Funding to Eliminate or Reduce Long Term Care Interest Lists:
Request for funding to allow services to be provided to individuals who meet program criteria and are currently on interest lists for the following: non-Medicaid community care services, the In-Home and Family Support program, and the Medicaid waiver programs (Community Based Alternatives-CBA and Community Living Assistance and Support Services-CLASS). Additional staff would be required to determine eligibility, complete assessments, develop service plans, and monitor service delivery. Services to needy Texans will be provided which are consistent with promoting independence. The benefit of implementation is in keeping with the agency philosophy of serving clients in non-institutional settings to the maximum extent possible.

Increase Salaries for Community Care Attendants:
In many parts of the state, providers are unable to attract community care attendants due to the improved economy. Based on cost reports and attendant wage trends, the majority of community care attendants currently are paid wages at or near the minimum wage. This initiative will support the efforts being made to improve quality of care in the Rider 37 project.

Presumptive Eligibility for CBA/PHC:
This initiative involves providing the Primary Home Care (PHC) and Community Based Alternative (CBA) services before the final determination of eligibility to applicants who appear to meet the financial and other program eligibility criteria. The presumption that these individuals are financially eligible would be based on gross screening of financial eligibility, using applicant declaration of their income and resources and immediately available verifications pending a full-scale determination of Medicaid eligibility. The use of presumptive eligibility is expected to expedite the delivery of services.

Funding to Provide Prescription Drugs for Individuals in 1929b:
Seek legislation to provide up to three prescriptions per month for 1929b services. This promotes independence by allowing individuals to remain in the community under a limited service array rather than seeking institutionalization or waiver programs to obtain prescriptions.

Reduce 14-day Service Break Standard in Primary Home Care:
This initiative proposes to reduce the service break standard for Primary Home Care services from 14 days to 7 days. The current standard which allows non-priority clients to be without attendant care services for 14 days, is inconsistent with Home and Community Support Services Agencies (HCSSA) licensure standards, poses health and safety risks for certain clients, is a frequent source of complaints, and is inconsistent with standards for continuity and quality of care.

Community Care/Long Term Care Eligibility & Service Planning

CCAD Case Management and CCAD workload improvement:
Presently, DHS workers do not have sufficient time to perform their eligibility/billing correction duties, much less provide service coordination, etc. One approach to help reduce the workload could be outsourcing of some tasks. Another approach would be to revise the Community Based Alternatives waiver to have targeted case management as a waiver service for certain clients with complex needs. This would reduce the workload for Community Care for the Aged and Disabled (CCAD) caseworkers, add an enhanced case management waiver service, and allow CCAD caseworkers to perform eligibility determinations. Payment for this case management waiver service would be included in the client's Individual Service Plan. Expected benefits would be improved customer service; reductions in the length of time it takes to initiate services; increase in the amount of time available to spend on real casework – i.e., actual contact with the client.

Long Term Care Eligibility & Service Planning

Medically Needy for Aged and Disabled:
Funding a Medically Needy Program for the elderly and individuals with disabilities will provide Medicaid coverage to people whose income is above eligibility limits for existing programs, but who have medical expenses that reduce their incomes to meet the limits. This will allow more people to be eligible for Medicaid services and benefit individuals in the community who need help meeting expenses for conditions such as AIDS and long-term care cancer treatment. It will also help people who become disabled and lose Medicaid benefits when Supplemental Security Income (SSI) is denied because of receipt of Social Security benefits in excess of the SSI limit. These people may encounter an 18-month period with no medical coverage while they are waiting for entitlement to Medicare benefits.

Increased Funding for the Alzheimer's Program:
This program has worked well to galvanize current communities to work together in a private-public partnership to provide information/education and services to persons with Alzheimer's Disease (AD) and their caretakers. This effort of supporting the caretaker, by providing a range of services from legal, case management through respite and assessment, allows persons with AD to remain at home and thereby delay institutionalization. Ultimately, this saves the state Medicaid nursing facility dollars if the supports are in place to keep a person home, not to mention the increased quality of

life for the caretaker and extended family. As the population at large ages, there is an increase of dementias and AD—over half the population over the age of 85 has some type of dementia.

Provide Nurse Case Managers for Medical Waiver Programs:
This initiative would provide Nurse Case Managers as an administrative expense for the Medicaid Waiver programs administered by DHS effective September 1, 2001. The Medicaid Waiver programs serve individuals with complex medical needs who require more intensive case management services and lower caseloads than the current DHS community care case manager's carry. These nurse case managers would have caseloads no greater than 60 per nurse instead of the 220 cases per worker assigned to community care staff. The federal matching rate for skilled medical personnel is 75% rather than the 50% match rate and would reduce the fiscal impact of this proposal. Benefits include improved quality of care in the Medicaid Waiver Programs, prior authorization of service plans by skilled medical personnel, utilization review of level of care determinations, and monitoring of the adequacy and appropriateness of service utilization by skilled medical personnel.

Nursing Facility & Hospice Payments

Increase Salaries for Nursing Facility Nurse Aides:
In many parts of the state, providers are unable to attract nurse aides due to the improved economy. Based on cost reports and nurse aide wage trends, the estimated current statewide average hourly wage paid to nurse aides is approximately $7.00 per hour. This initiative would support the efforts being made to improve quality of care in the Rider 38 project.

Claims Management System Improvements:
When the Claims Management System (CMS) was implemented, DHS did not consider re-engineering the processing Forms 3652, 3618, and 3619. These forms are used by nursing facilities and waiver programs to determine the level of effort needed to serve a client, i.e., Texas Index for Level of Effort (TILE) Level. Providers submit forms to the National Heritage Insurance Company (NHIC); NHIC processes and determines medical necessity; and, forwards to DHS. If the form meets program requirements DHS processes the information and creates service authorizations. If the information does not pass program edits, the form goes to a suspense status. The current process does not allow providers to correct for amend information once the form is in suspense status. Providers must contact the DHS Help Desk for assistance. This results in cash flow problems for providers, requires DHS to have numerous staff to perform corrections, and ultimately impacts the services the client receives.

MDS-based Payment for Medicaid LTC Residents:
As the Health Care Financing Administration (HCFA) Minimum Data Set (MDS) for nursing facilities is used to identify and target statewide quality issues for specific interventions such performance-based incentive reimbursement, quality reporting, and educational programs, it becomes increasingly important that MDS data itself be reliable. The existing requirements for MDS data submission do not assure that MDS assessments are accurate (factual). Texas needs to convert from its use of the 3652 assessment form to the MDS as the basis for determining level of care. This process will require changes in billing automation to permit using MDS and Resource Utilization Groups (RUGS) rather than 3652 data and TILES. It will also cause changes in the Health and Human Services Commission (HHSC) Utilization Review process. Converting from a

state-specific functional assessment form to the MDS will improve MDS data reliability by providing HHSC Utilization Review oversight of MDS data accuracy.

Deaf-Blind Services

Expand the Deaf-Blind Waiver to Include Children:
This initiative proposes to fund 15 additional slots per year to serve adults with Deaf-Blindness and Multiple Disabilities and 45 additional slots per year to serve children under the age of 18 with Deaf-Blindness and Multiple Disabilities. The Deaf-Blind Waiver is currently limited to adults who are 18 and over. Sixty children under the age of 18 have requested services from this waiver program. Benefits are that this initiative would prevent or delay premature institutionalization of children with severe and multiple disabilities, provide a cost-effective alternative to institutionalization, provide support to families, and permanency planning for children.

TANF Grants/CSS Eligibility & Issuance Services

Funding for Innovation Projects/Employment Retention and Advancement Pilot:
This initiative would continue funding initiated during the 1998-1999 biennium for the barriers project. It would provide continued funding for successful local innovation projects and expanded funding to allow communities to develop new projects. Local Innovation Project services are delivered through contracts with community based organizations in all ten DHS regions across the state. Communities identify barriers to employment in their community and develop strategies to overcome these barriers. These local community organizations are able to provide services targeted toward the specific needs of low income families in their communities that are not otherwise available. It is hoped that through provision of these services, communities can become more involved and successful at assisting low-income families in addressing barriers that will allow them to avoid the need for welfare, reduce their current dependence upon welfare, and obtain or retain employment.

A substantial number of Temporary Assistance for Needy Families (TANF) recipients who left welfare to take jobs are unable to retain jobs and subsequently return to welfare. Further, the jobs TANF recipients find are often in the service sector with low wages, poor fringe benefits, and minimal advancement opportunities. To facilitate long-term economic self-sufficiency for these Texas families, strategies are needed that focus not just on job placement but job retention and advancement in the labor market as well. The Employment Retention and Advancement project (ERA) has been selected by the U.S. Department of Health and Human Services Association for Children and Families (ACF) to be part of a five year national evaluation designed to determine the effectiveness of employment retention and advancement strategies among the TANF population. The ERA model takes into account the existing service delivery system, the local labor market, the needs of local employers, and ensures access by ERA participants to a comprehensive array of services designed to support employment retention and advancement. The ERA Demonstration Project designed to increase job stability and wages among former welfare recipients will be implement in Fort Worth, Corpus Christi, Houston, and Abilene and is expected to reduce reliance on cash assistance in Texas, lower the TANF recidivism rate, and produce strategies that can be replicated in other Texas communities.

Long Term Care Credentialing

Integrated Automation Project:
The Credentialing Department Integrated Automation project is proposed to create a centralized automation system for the Nursing Facility Administrator, Nurse Aide Registry and Training, Employee Misconduct Registry, Medication Aide, and Criminal History programs. The current method of delivery is several inefficient and antiquated non-centralized standalone systems. This centralized automation system that provides linkage with Long Term Care–Regulatory (LTC-R), Department of Public Safety (DPS), Office of Attorney General (OAG) and other state agencies, will effect accuracy and efficiency for employability, licensing, certification, and permitting activities and subsequent sanctions. This system would also allow facilities for the aged/disabled and home and community support agencies regulated by the department to request criminal history checks on unlicensed/uncredentialed personnel via an Internet web site.

Family Violence Services

Family Violence Services Expansion:
TDHS family violence shelter centers are serving victims at maximum capacity and still deny shelter services to over 22% of those requesting it due to a lack of space. The number of victims requesting nonresidential services also continues to rise due to community education efforts and new laws resulting in increased safety for victims residing in their homes. Additional funding will allow for critically needed expansion of services and the development of new service providers as well as outreach to under-served communities. These increased services are expected to result in a continuum of care that allows for achievement of self-sufficiency and promotes safety and freedom from violence.

Long Term Care Facility Regulation/Home and Community Support Licensing

Enhanced Automation for HCSSA and Aged & Disabled (Complaints):
This initiative would: 1) ensure that all Home and Community Support Services Agencies (HCSSA) business process functionality is incorporated within the Compliance Assessment Review and Evaluation System (CARES—new LTC-R automation system), and 2) provide a cost-effective solution for a comprehensive complaint intake and tracking process for all A&D service related complaints, including contract management and worker received complaints. The initiative would include the analysis of the automation needs regarding complaint intake and processing for all A&D service related complaints and provide direction toward using CARES functionality to complete design and production work. Management Information Services, LTC-R, and Office of Programs staff would work cooperatively to achieve this initiative. Incorporating the HCSSA business processes into the CARES will primarily be done in FY 01, but some enhancement work may remain in FY 02. Benefits include consolidation of LTC-R business data/information into one automated system (CARES), simplification of the complaint intake process, reduction of duplicate data entry, increased data integrity, improved statistical analysis, and reporting capability.

Additional LTC-R and Credentialing Staff:
LTC-R and Credentialing have experienced an unexpected increase in work effort relating to their respective regulatory functions. LTC-R has experienced an unexpected increased workload relating to nursing facility chain bankruptcies and financial instability. To continue performing planned

regulatory and this additional work at an effective level to meet the state and federal mandates additional staff are needed. Additional regional surveyor and data entry staff would be able to do the special monitoring of the bankrupt/financially unstable facilities and to do timely data entry into the CARES automation system. Additional state office staff are needed to collect and analyze information on the bankrupt facilities, to respond to information requests timely, to evaluate change of ownership requests thoroughly prior to the actual sale, and to perform evaluation of prospective owners of Home Health Agencies (HHA) history prior to license issuance. Benefits include more consistent, on-site monitoring of the bankrupt or financially unstable facilities assuring good resident care, more timely data entry resulting in better quality information and timely reporting, and better analysis of prospective HHA operators to assure better client services. Likewise, the Credentialing program has increased workload related to improving the preparation and referral of hearings to the State Office of Administrative Hearings (SOAH) and sanction cases against credentialed practitioners and unlicensed personnel working in health care facilities/agencies. Additional professional nurse expertise is needed for the evaluation of nursing facility administrator, nurse aide and medication aide program investigation cases and rule promulgation. Due to an increase in the number and complexity of the nursing facility administrator investigations, more qualified investigators are needed to build cases that are supportable in the hearing process.

Expand HCSSA Staff to Survey Branches and Do On-site Investigations:
The Long Term Care Regulatory-Home and Community Support Services Agencies (HCSSA) program is responsible for ensuring the health and safety of Texans receiving home health, hospice, and personal assistance services in their home or independent living environment. There are approximately 1840 parent and 478 branch agencies. Currently there are six (6) HCSSA zone or regional offices with approximately fifty-four (54) surveyors. These surveyors conduct licensing and certification inspections of agencies to ensure they meet state and federal licensure and certification requirements. With the current regional/zone configuration, staff travels great distances across regional boundaries. This takes valuable time away from the regulatory process. To ensure that HCSSA's (parent and branch offices or delivery sites) are adequately surveyed and all client care related complaints are investigated timely, HCSSA staff must be increased and be located in each of the 11 DHS regional offices. The additional surveyor and support staff will result in increased oversight by the HCSSA regulatory staff in parent and branch HCSSA sites as part of the routine survey schedule. Additional staff resources would also allow for the investigation of a greater number of complaints beyond those that currently fall into a narrowly defined immediate and serious threat category and would improve the thoroughness of the investigations. The support staff would provide clerical and technical support work to ensure that the surveyor/investigator work products are compiled, data entered and distributed accurately and timely.

Central Administration

Integrated Administrative Systems–Phase 2:
DHS plans to implement the basic human resource and financial modules of PeopleSoft during the current biennium. The second phase is to implement additional modules to improve project costing, accounts receivable, billing, inventory, budget preparation, and enterprise performance management. This project will further reduce dependence on mainframe legacy systems, improve management information, and reduce duplication of administrative effort through better integration of processes and data.

Eliminate Language Barriers:
People with limited English proficiency may have difficulty obtaining services from DHS because the agency does not have sufficient numbers of multi-lingual direct service delivery staff and adequate translation services are not always available. Communication barriers can adversely affect DHS clients through reduced accessibility to DHS benefits and services and errors in eligibility determinations. The number of clients and applicants with limited English proficiency is increasing. DHS could better meet the needs of clients and applicants by offering a pay differential to multi-lingual staff and by contracting for translation services. A pay differential would be a valuable tool in recruiting and retaining multi-lingual staff. Translation services contracts would ensure client needs are met in situations where bilingual staff is not available. This would provide for better service to DHS clients and ensure compliance with federal and state laws and regulations requiring DHS to meet the linguistic needs of clients.

Improve Contract Management:
A significant portion of the agency's services is provided through contracts. DHS proposes to improve contract management through a comprehensive system that would provide integrated information and support for contract managers in the areas of contract monitoring, risk assessment, and performance measurement. This project would include analysis of deficiencies in current processes and systems as well as implementation of proposed solutions.

Information Resources

Automation Infrastructure Improvements:

- Enable DHS to continue to provide superior automation services to meet agency business needs efficiently. Establish an ongoing process to ensure the viability of the automation environment through:
- Replacing 1/4 of personal computer and network equipment each year and 1/6 of printers to keep equipment current, allow the department to negotiate better pricing, reduce response times to make staff more productive, and avoid support and maintenance costs through standardization;
- Improving the telecommunications infrastructure (expanding data network bandwidth, improving remote dial up access for off-site workers, integrating voice and data circuits, and upgrading or replacing telephone systems on a ten-year cycle) to facilitate access to agency services and data by stakeholders, staff, and clients;
- Migrating from a mainframe processing environment to a more flexible, industry standard, open systems architecture to improve agency flexibility, allow the agency to make changes more rapidly, and increase outsourcing options; and,
- Expanding disaster recovery/business continuity planning efforts to improve protection and recovery capabilities for data, hardware, and software to ensure continuous access to services and information as needed.

Data Warehouse and Reporting Resources:
Build a foundation for future data warehousing and reporting projects by acquiring the initial technology resources that will enable easier access to agency information. This initiative identifies, purchases and will implement hardware and software needed for this environment. The initiative also provides the training for development staff and the resources needed to establish appropriate

standards and procedures to ensure that best-practices and industry-standard methodologies are incorporated into data warehousing and reporting projects. This data warehouse environment increases the opportunities for outsourcing and reduces the costs for data access.

Videoconferencing/Distance Learning:
Distance learning/videoconferencing capabilities are expected to improve business processes, enable better services to clients, reduce travel and other costs, expedite training and other information dissemination, and raise employee productivity and retention. Virtually all areas of DHS have uses for videoconferencing technology. This initiative will establish videoconferencing in five sites in FY 2002 and eight sites in FY 2003.

Employee Compensation

Making Salaries Competitive to Attract and Retain Qualified Staff:
The state continues to experience unusually high turnover rates. Applicant pools for critical direct delivery jobs have been extremely inadequate. It takes a year on the job for a new worker to become trained and fully productive. DHS workers' job responsibilities are complex and have increased significantly. The implementation of state and federal welfare reform, and other programs, justifies higher salaries. Funding for this item would allow DHS to offer competitive salaries to direct delivery staff. This would enable the agency to recruit and retain the skilled work force necessary to meet our objectives in moving from welfare to work and providing for appropriate community based or long term care.